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President: Mr. Al-Nasser ..... (Qatar)

The meeting was called to order at 9.10 a.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117

Follow-up to the outcome of the Millennium Summit

Draft resolution (A/66/L.1)

The President (*spoke in Arabic*): I declare open the High-level Plenary Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in accordance with resolutions 64/265, of 13 May 2010, and 65/238, of 24 December 2010.

Statement by the President

The President (*spoke in Arabic*): All over the world, men and women are dying premature deaths. All over the world, men and women are dying preventable deaths. And all over the world, health-care systems are overburdened and economic growth is curtailed because of the loss of healthy workers.

Let there be no doubt that non-communicable diseases (NCDs) have reached epidemic proportions. Non-communicable diseases are the biggest cause of death worldwide. More than 36 million people die annually from NCDs, making up 63 per cent of global deaths — deaths which, in large part, could have been prevented.

The impact of this loss — this tragedy — goes beyond individuals, beyond families. NCDs are altering demographics, stunting development and impacting economic growth.

This High-level Meeting is a landmark in the global fight against NCDs. This is the second time in the history of the United Nations that the General Assembly is meeting at the level of heads of State and Government to discuss an emerging health issue with a major socio-economic impact. This meeting is a historic opportunity to set a new global agenda and to advance the protection of the world's vulnerable populations. Let us not forget that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health and that it is our responsibility to contribute to the full realization of this right.

I would like to take this opportunity to thank the two co-facilitators, Her Excellency Ms. Sylvie Lucas, Permanent Representative of Luxembourg, and His Excellency Mr. Raymond Wolfe, Permanent Representative of Jamaica, for their efforts in leading the consultations on the modalities and the outcome document for this High-level Meeting. I would also like to thank the Secretary-General, His Excellency Mr. Ban Ki-moon, the Director-General of the World Health Organization, Ms. Margaret Chan, and all participants here today for their efforts to bring greater understanding and better solutions to these complex issues.

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I would also like to mention, with appreciation, the contribution of the Member States that have brought this important health and development problem to the attention of the General Assembly. The role played by the Caribbean Community countries deserves particular recognition.

Since 2000, when Member States at the World Health Assembly first committed to reducing the toll of premature mortality due to NCDs, there have been important developments in our understanding of the causes and prevention of non-communicable diseases. It has become unequivocally clear that "best buy" interventions that reduce the toll of NCD-related premature deaths are workable and affordable solutions. It is also evident that the most rapid improvements in public health are often realized through relatively inexpensive interventions that begin in childhood. Perhaps most significant, it is now clear that, to move effectively to prevent and protect against non-communicable diseases, Governments must adopt approaches that go beyond just the health sectors.

In some wealthy nations, the health impact of non-communicable diseases has been reduced through advocacy, community mobilization, health system organization and restructuring, legislation and regulation. We have seen fewer whole-of-Government approaches in developing countries, and their experiences have been starkly different: premature deaths due to non-communicable diseases among women range as low as 6 per cent in high-income countries but they are as high as 58 per cent in low-income countries. Among the many tragic consequences of such inequality is the impact it has on fulfilling the Millennium Development Goals.

Today, we meet to take the vision and the road map emerging from over 10 years of coordinated efforts and consolidate them to set a new global agenda that will drive forward the fight against non-communicable diseases. If Member States so choose, this High-level Meeting will be a turning point and an opportunity for heads of State and Government to make major advances by committing to set national targets for the reduction of premature deaths from non-communicable diseases, as well as an opportunity to promote a whole-of-Government approach at the national level.

If such commitments are to have any impact, this High-level Meeting must address the widening disparities in various countries' capacities for addressing non-communicable diseases. This requires thinking in terms of international cooperation. That cooperation plays a pivotal role in the eradication of poverty, as well as in combating inequality at all levels, which is essential to the creation of a more prosperous and sustainable future for all. The international community must work together to monitor reductions in exposure to risks and improve health care for people with non-communicable diseases.

One of our paramount goals must be to take measures to formulate a strong, well-coordinated, coherent and effective United Nations response, aimed at scaling up technical support for developing countries under the leadership of the World Health Organization in order to assist countries in explicitly incorporating the issues of non-communicable diseases into their poverty-reduction strategies and relevant social and economic policies. We must also recognize the important role of civil society, including the private sector.

As part of the work of the Meeting during the next two days, I encourage delegations to share lessons learned on ways to strengthen national capacities and appropriate policies. I believe it will also become clear that problems with financing national initiatives remain a major impediment to achieving progress, and I encourage all to identify ways to foster international cooperation in the coming years.

Today the Assembly will adopt an outcome document (A/66/L.1) that will shape the international agenda for future generations. Let that document reaffirm a vision that goes beyond health, a vision that also reflects the impact that non-communicable diseases have on development and on our economies. And let it be a document that will galvanize us into action and guide our efforts for years to come. I thank the Assembly in advance for its hard work and constructive debate, and I hope for a productive high-level meeting.

I now give the floor to His Excellency the Secretary-General, Mr. Ban Ki-moon.

The Secretary-General: This is a landmark meeting. Three out of every five people on Earth die from the diseases that we are gathered here to address. I am guessing that each one of us has been close to someone whose life has been changed or ended too early by a non-communicable disease.

This is the second health issue ever to be addressed at a special meeting of the General Assembly. Our collaboration is more than a public health necessity. Non-communicable diseases (NCDs) are a threat to development. NCDs hit the poor and vulnerable particularly hard and drive them deeper into poverty. More than a quarter of all people who die from NCDs succumb in the prime of life. The vast majority live in developing countries. Millions of families are pushed into poverty each year when one of their members becomes too weak to work, or when the cost of medicines and treatments overwhelms the family budget, or when the main breadwinner has to stay home to care for someone who is sick. Women and children are affected differently but significantly by NCDs and their impact on families.

The prognosis is grim. According to the World Health Organization, deaths from NCDs will increase by 17 per cent in the next decade. In Africa, that number will jump by 24 per cent. These statistics are alarming, but we know how to drive them down. Treating NCDs can be affordable. But preventing them can cost next to nothing and can even save money. When people cycle to work instead of driving, they get exercise and the planet is spared more greenhouse gas emissions. When children are fed a nutritious diet at school, their attendance goes up, and such eating habits can last a lifetime. When women have access to quality screening and vaccines to prevent cervical cancer, their lives can be saved. These are just a few examples of the simple solutions at the ready.

This is not a problem that health ministers can solve on their own. We need all partners — Governments, to provide the right incentives; individuals, to protect their own health; civic groups, to maintain pressure for responsible marketing; and businesses, to produce healthier, more sustainable goods.

We should encourage individuals to make smart choices that will protect their health: get exercise, eat well, limit alcohol consumption and stop smoking. But even the healthiest individual cannot escape toxic substances in the environment, so we need to keep our air, water and land clean.

States crippled by these diseases cannot progress. Early detection is in everyone's interest, and early treatment reduces pain, cuts costs and lowers the risk of disability or death. We have to get medicines to all who need them, and those treatments need to be more affordable and accessible. I count on Governments to lead this campaign. I depend on our friends in industry to do what is right.

I am a strong believer in the power of businesses to improve our world. Time and again, I have seen the private sector do extraordinary things for human well-being with its ingenuity and its foresight in recognizing that economic productivity depends on good health. Precisely because I am a champion of the private sector, I must acknowledge some hard truths.

There is a well-documented and shameful history of certain players in industry who have ignored science — sometimes even their own research — and put public health at risk to protect their own profits. There are many, many more industry giants which have acted responsibly. That is all the more reason why we must hold everyone accountable — so that the disgraceful actions of a few do not sully the reputation of the many which are doing such important work to foster progress. I especially call on corporations that profit from selling processed foods to children to act with the utmost integrity. I refer not only to food manufacturers, but also the media, marketing and advertising companies that play central roles in these enterprises. Those who profit from alcohol sales have to do their part to promote moderation in alcohol consumption. And we can all work to end tobacco use.

Individuals can have a say through the choices they make each day. Governments should educate people and encourage healthier options. This will be a massive effort, but I am convinced that we can succeed. Success requires public-private partnerships. It requires political vision and resource mobilization.

I have seen similar success happen before. Ten years ago, the General Assembly held its first-ever meeting on a health issue. That issue was AIDS. Since then, we have made enormous progress. We have a long way to go, but no one can deny that political commitment of Government officials saved lives. No one can minimize the contributions of industry leaders who made medicines affordable and available. No one can doubt the value of the United Nations in driving the global campaign to stop AIDS.

NCDs are different from AIDS, but many of the same tools work in response. From visiting clinics and hospitals around the world, I know that holistic action on health works. Improving health systems improves

health services. Involving all parts of Government attacks all sides of a problem, and taking comprehensive action is the best way to protect against all diseases. Addressing NCDs is critical to global public health, but it will also be good for the economy, for the environment, and for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals — we can safeguard our very future.

The draft political declaration (A/66/L.1) that so many here worked hard to draft and build consensus on is an excellent foundation. We must now act together to carry out its provisions and bring NCDs into our broader global health and development agenda. We should all work to meet targets to reduce the risks. The World Health Organization's "best buys" serve as excellent guidance.

I especially challenge Member States to step up accountability for carrying out the political declaration. If this document remains just a set of words, we will have failed in our obligation towards future generations. But if we can give the political declaration meaning through multiple, concerted and tough actions, we will honour our responsibility to safeguard our shared future. I count on Members' leadership and commitment.

The President (*spoke in Arabic*): I thank the Secretary-General for his statement.

I now give the floor to Ms. Margaret Chan, Director-General of World Health Organization.

Ms. Chan (World Health Organization): First, Sir, let me commend your leadership and courage in addressing and tackling issues related to non-communicable diseases. I thank you for the honour of addressing this meeting, and I am strong in my conviction that it must serve as a wake-up call.

But not for the medical and public health professions. We are already wide awake, and with very deep concerns. We know the statistics and the ominous trends that now encircle the globe. We know what lies ahead. Right now, medical and health professionals see patients, dispense chronic care, manage complications and disabilities, write medical bills, and agonize over the huge costs to families and societies. We plead for lifestyle changes and strict tobacco regulation.

But health ministries acting alone cannot re-engineer societies in ways that protect entire populations from the well-known and easily modified risks that lead to these diseases. And this is what needs to happen. This meeting must be a wake-up call for Governments at their highest level. This must be a watershed event, with a clear before and after and with ignorance, complacency and inertia replaced by awareness, shock and the right actions, right away.

Why must this responsibility fall on Heads of State? Because the problem is too big and too broadly based to be addressed by any single Government ministry; because the rise of these diseases is being driven by powerful, universal forces, such as rapid urbanization and the globalization of unhealthy lifestyles; and because the response to these trends must come with equal power — top-level power that can command the right protective policies across all sectors of Government.

The worldwide increase of non-communicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep. I can understand why some developing countries are being taken by surprise by the onslaught of these diseases. Their initial burden was greatest in affluent societies — rich countries that have very strong research-and-development capacities to develop ever-better treatments. When drugs are available to reduce blood pressure, lower cholesterol and improve glucose metabolism, the situation looks somehow under control. But that is not the case; this appearance is misleading and blunts the urgent call for policy change.

The root causes of these diseases are not being addressed, and widespread obesity is the tell-tale signal. Worldwide, obesity rates have almost doubled since 1980. This is a world in which more than 40 million preschool children are obese or overweight. This is a world where more than 50 per cent of the adult population in some countries is obese or overweight. Obesity is the signal that something is terribly wrong in the policy environment. Widespread obesity in a population is not a mark of failure of individual willpower. No, it is a mark of failure in policies at the highest level.

Processed foods, which are high in salt, trans-fats, and sugar, have become the new staple food in nearly every corner of the world. They are readily available and heavily marketed. For a growing number

of people, they are the cheapest way to fill a hungry stomach. The world certainly needs to feed its population of nearly seven billion people, but it does not need to feed them junk food.

Just as one cannot hide obesity, one cannot hide the huge costs of these diseases to economies and societies. These are the diseases that break the bank. Left unchecked, they have the capacity to devour the benefits of economic gain. In some countries, for example, care for diabetes alone consumes as much as 15 per cent of the national health budget. A recent World Economic Forum and Harvard University study estimates that over the next 20 years, non-communicable diseases will cost the global economy more than $30 trillion, representing 48 per cent of the global GDP in 2010.

In large parts of the developing world, these chronic conditions are detected late, when patients need extensive and expensive hospital care for severe complications or acute events. Most care for these diseases is covered through out-of-pocket payments, leading to catastrophic medical expenditures.

For all these reasons, non-communicable diseases deliver a two-punch blow to development. They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.

These diseases break the bank, and they are largely preventable through cost-effective measures. Some have an especially big payback. For example, full implementation of the World Health Organization (WHO) Framework Convention on Tobacco Control would deal the single biggest blow to heart disease, cancer, diabetes and respiratory disease. I call on heads of State and Government to stand rock-hard against the despicable efforts of the tobacco industry to subvert this treaty. We must stand firm against their open and extremely aggressive tactics against some Governments.

In terms of demand reduction, increases in tobacco taxes and prices are the most effective measures. They not only protect health, but also bring in considerable revenue to Governments. The same is true for taxes on alcohol.

Salt in processed foods is a major reason why daily salt intake in most countries exceeds the WHO-recommended level. Salt reduction is one of the most cost-effective, feasible and affordable public health interventions. At the individual level, people at high risk of cardiovascular disease can be protected with a very low-cost regimen of generic medicines.

As I said, this high-level event on NCDs must be a watershed event. In the absence of urgent action, the rising financial and economic costs of these diseases will reach levels that are beyond the coping capacity of even the wealthiest countries in the world.

Excellencies, you have the power to stop or reverse the NCDs disaster. You have the power to protect your people, and you have the power to ensure that your development is moving along a good path. We must act now and with a sense of urgency.

The President (*spoke in Arabic*): I now give the floor to Her Royal Highness Princess Dina Mired, who will speak in her capacity as representative of the Union for International Cancer Control, which enjoys consultative status with the Economic and Social Council.

Princess Dina Mired (Union for International Cancer Control): I am honoured to be the representative of civil society on one of the most important health issues that we are facing in this century. Knowing the long and arduous road that the issue of non-communicable diseases (NCDs) has travelled to grace this Hall and this honoured audience, I hope that in the few minutes that are allotted I can humbly attempt to translate the agony of the millions of people who are dying each year, people who look to this Assembly to deliver the global changes required to stop this unnecessary loss of life.

Today, we are the voice of the 36 million people who have died from an NCD in the past year and of the more than 360 million people who will lose their lives to NCDs in the next decade. What do we say on behalf of all those people?

To start with, we have an incredible situation. We are armed with the figures, the statistics, an understanding of the common factors, the knowledge of proven, affordable interventions and even the overwhelming human cost to prove our point. And yet, we are facing what has rightly been described by Secretary-General Ban Ki-moon as a public health emergency in slow motion.

How did we reach this point? Why were NCDs left to flourish uncontrolled, especially in the

developing world? We are struggling with an issue of labelling. Four major diseases — cancer, heart disease, chronic respiratory illnesses and diabetes — each affecting millions of people each year, have been lumped together under one pseudonym: NCDs, or non-communicable diseases. Even the name makes them sound unimportant, as if to say, "Do not worry, these diseases are non-communicable. You cannot catch them. Therefore, we can deal with them later".

While splitting diseases into communicable and non-communicable categories may be convenient for the United Nations, it has ultimately resulted in one group receiving all the attention, all the bilateral funding and all the action, while the other has been left to flounder unassisted.

NCDs also took on another label by becoming known as a problem exclusive to the developed world. Think again. Non-communicable diseases are responsible for more deaths worldwide than all other causes combined. Around 63 per cent of total deaths are caused by NCDs, and 80 per cent of those deaths occur in low- and middle-income countries. This means that even though an individual in the developing world may survive AIDS, malaria or tuberculosis thanks to the great global efforts being made, chances are that the very same survivor will eventually die prematurely of an NCD, thereby putting all those great efforts to waste. One fact is certain: NCDs are the clear winners in the business of dying.

The good news, however, is that today we are all here to correct that wrong. Heads of State, ministers of health, United Nations agencies, civil society, the global community and the medical, political, financial and private sectors are all here to lift the lid on NCDs.

As I read the draft political declaration (A/66/L.1, annex), I was pleased to see the inclusion of several key points: recognition of the scale of the problem we are facing and a call for urgent action; an understanding that NCDs are the great equalizers, affecting people of every age, gender, race and income level; and comprehension of the fact that NCDs affect not only the health of nations but also their economic development. Most importantly, I was happy to see an affirmation of the right of everyone to receive the highest standards of health care.

However, I noted with great disappointment that the NCD burden is not recognized as an epidemic but is rather diluted into a challenge of academic proportions. Not one to be known for diplomacy — and I happen to be standing here with a microphone in front of me — I would like to tell it like it is. Let it echo through this Hall: there is an NCD epidemic. The World Health Organization has said it; non-governmental organizations have said it; the scientific community has said it; and, most importantly, the 36 million people who lost their lives this year have proved it. Let us not do NCDs another injustice of mislabelling. Let us acknowledge the scope of the challenge that is facing us for what it is. Otherwise, how else can we respond adequately and effectively?

The next thing I noted in the political declaration was that although it covers the full depth and breadth of the NCD issues we all face, there is an absence of clear and measurable targets. The document is infused with elusive and vague terms: "may" instead of "will", "encourage where appropriate" instead of "provide". Unfortunately, in the world of NCDs the terms are crystal clear and painfully emphatic. There are 36 million people who are dying each year — not probably, not possibly, not maybe. There is nothing vague or elusive about that.

Let us be inspired by what has been achieved in addressing HIV/AIDS since 2001. The General Assembly agreed to a political declaration that transformed the lives of millions of people around the globe. It increased financial backing for combating communicable diseases tenfold. It seized a once-in-a-generation opportunity and converted political will into action, with targets and resources in place, and we continue to see the positive results today. As Margaret Chan says, in our business, what gets measured gets done.

By comparison, the reality of today's health care vis-à-vis NCDs is extremely bleak. The disparity is one that I experienced on a very personal level when my son Rakan, just two days shy of his second birthday, was diagnosed with leukaemia. Fortunately, I was able to travel the distance necessary to ensure that he received the lifesaving treatment he needed. Others are not so lucky. The sad reality is that 90 per cent of children with leukaemia in the developed world are cured, while 90 per cent of their counterparts in the world's 25 poorest countries will die.

Tragically, these numbers are repeated many times over for NCDs. That harsh disparity between treatments in the developed and developing worlds is

simply unacceptable. While prevention and early detection efforts are the cornerstone for stemming future cases of NCDs, they take time to have an impact. What about the people who are dying now? What about the millions who are suffering from pain and disability from NCDs now?

Governments must take responsibility and lead on these issues. They must adjust their thinking to recognize that spending on health care now is a real and necessary investment that is far less of a burden than the untallied cost of inaction. We understand that in a challenging financial climate such as we are facing today, income from tobacco sales and certain unhealthy food products may seem indispensable for economic growth. However, if Governments can see past the short-term profits, they will realize how their inaction is crippling their health systems and ruining their economic development.

That said, Government efforts should be paralleled by funding and support from the global community. As His Excellency Mr. Kofi Annan said with regard to AIDS, the war will not be won without a war chest. NCDs, by their very nature, are complicated diseases that require sophisticated infrastructures and human resources, and they are associated with debilitating costs of medicines and treatments.

We all know that only a few nations in the world can manage their own NCD burden. Most countries in the developing world are struggling with the delivery of basic health care, if any. Accessibility to essential drugs and to the specialists and specialized centres that are required for the treatment of NCDs is either non-existent or stretched to the breaking point. Lifestyle changes, as they are called, give the impression that it is a matter of choice or preference. But when unhealthy foods are more affordable than healthy ones, when tobacco, which kills, is so easily accessible, and when facilities or space for exercise are non-existent, it becomes not a lifestyle choice but a life sentence.

To do justice through our duty as the voice of all those who have suffered from NCDs, and to protect the lives of all those who will be affected by them in the coming years, we — all of us here in this Hall — have the opportunity and the moral responsibility today to muster the political will that is required to deliver the right punch in this fight. To start with, let us send a message to the world that we will take the necessary steps to reduce avoidable NCD deaths by 25 per cent by 2025 — 25 by '25. Otherwise, without clear targets there will be neither accountability nor a real incentive to deliver.

It is inconceivable that we should leave this meeting without tackling the evils of the most obvious, the indisputable, risk factor: tobacco. Let us make our future tobacco-free. We all know this product kills; we even put a label on it that says it kills. This century, tobacco is expected to kill one billion people, and yet we still find it in every outlet, increasingly so in the under-regulated markets of the developing world.

Mr. Quinlan (Australia), Vice-President, took the Chair.

Let us address the critical issue of treatment now; let us facilitate the transfer of scientific knowledge between countries and provide essential medicines to those who desperately need them now. It is time for us to resolve, to no longer measure the magnitude of the NCD epidemic in lives lost. It is time to quit numbering deaths and start counting survivors. Not only is this doable, it is simply impossible to ignore the predicament of 36 million souls a year on this planet and the unthinkable tragedy facing our future generations.

The Acting President: Before proceeding further, I would like to consult the Assembly about the participation of the International Olympic Committee in this opening segment. May I take it that the Assembly agrees to hear a statement now on behalf of the International Olympic Committee? As I hear no objection, we shall proceed accordingly.

In accordance with resolution 64/3 of 19 October 2009 and the decision just taken, I now call on Mr. Jacques Rogge, President of the International Olympic Committee.

Mr. Rogge (International Olympic Committee): The International Olympic Committee conveys its compliments to the General Assembly and is honoured to have the opportunity to address it on our shared commitment to serving humanity through the prevention of non-communicable diseases (NCDs).

The issue that has brought us together today is of particular concern to the International Olympic Committee because our movement was founded on the belief that there is a direct connection between healthy individuals and healthy societies. The International

Olympic Committee is committed to the cause of combating NCDs through the promotion of physical activity and healthy lifestyles. By working together and by enlisting the support of Governments, educational institutions, businesses, non-governmental organizations and other elements of civil society, we can reverse the current trend.

I urge the Assembly to support for several important steps that could make a significant difference. Together, we could advocate for more safe and accessible public spaces for physical activities and sport. Children should not be forced to play in vacant lots littered with broken glass, or in alleys choked with trash or fields contaminated by chemical waste.

Together, we could build new partnerships with sectors beyond sport — transportation, finance, urban planning, industry and others — to expand the impact of sport and physical activity in urban areas. Together, we could work with Government authorities and educators to increase the amount of time that students devote to physical education at school and university. Together, we could persuade parents of the importance of physical activity and sports not only for themselves, but foremost for their children. And together, we could encourage the development of sport infrastructures and sports organizations. Sport is the primary gateway to physical activity and healthy lifestyles.

Perhaps more importantly, I call upon the Assembly to help the International Olympic Committee and other sports organizations continue to forge new and stronger partnerships with the United Nations, with Governments and civil society at large. In that spirit, it is the fervent hope of the International Olympic Committee that the critical role of the sports movement in the prevention of NCDs will be enshrined in the outcome document of this High-level Meeting (A/66/L.1).

As a new Permanent Observer to the United Nations and an active and responsible member of civil society, the International Olympic Committee looks forward to continuing to play a role in the prevention and control of NCDs. Together, we can turn back the rising tide of NCDs and create a global society that is healthier, more prosperous and more peaceful.

The Acting President: We have heard the last speaker for the opening of the High-Level Meeting.

The Assembly will now proceed to take action on draft resolution A/66/L.1, entitled "Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases". May I take it that the Assembly wishes to adopt draft resolution A/66/L.1?

Draft resolution A/66/L.1 was adopted (resolution 66/2).

The Acting President: I should like to express my sincere thanks to Her Excellency Ms. Sylvie Lucas, Permanent Representative of Luxembourg, and his Excellency Mr. Raymond Wolfe, Permanent Representative of Jamaica, who so ably and patiently conducted the complex negotiations in the informal consultations to bring them to a successful conclusion. I know from personal experience how demanding such consultations can be, and I am sure that all members of the Assembly join me in extending to Ambassador Lucas and Ambassador Wolfe our sincerest appreciation.

Representatives are reminded that round table 1, which is entitled "The rising incidence of developmental and other challenges in the social and economic impact of non-communicable diseases and their risk factors," will take place from 10 a.m. in the Chamber of the Economic and Social Council Chamber of the North Lawn Building.

Before we begin the list of speakers, I should like to turn to some organizational matters pertaining to the conduct of the High-level Meeting.

First, on the length of statements, I should like to remind members that statements in the national capacity will be limited to three minutes. When delivered on behalf of a group, statements should not exceed five minutes. In the light of that given time frame, I should like to appeal to speakers to deliver their statements at a normal speed so that interpretation may be provided accordingly. To assist speakers in managing their time, a light system has been installed at the speaker's rostrum. May I appeal to all speakers for their cooperation in observing the time limits of statements.

Representatives are also reminded that photos of Heads of State delivering statements in the plenary of the General Assembly are routinely taken and are available for download in high resolution from the United Nations website and from the United Nations

photo library, located in room 506A in the Innovation Luggage building. Photos are free of charge but may not be used for advertising purposes, and special requests for photo coverage may be addressed to the Chief of the United Nations Photo Unit.

The Assembly will now hear an address by His Excellency Mr. Desiré Delano Bouterse, President of the Republic of Suriname, who will speak on behalf of the Caribbean Community.

President Bouterse: The convening of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases is a source of pride, gratitude and accomplishment for the States members of the Caribbean Community (CARICOM), on whose behalf I speak today.

Four years ago in Port of Spain, the Heads of State and Governments of CARICOM expressed alarm at the impact of non-communicable diseases (NCDs) on our societies. Our deep concern stimulated urgent efforts within CARICOM member States, as well as initiatives at the international level, to increase attention to addressing NCDs. The most notable outcome of these efforts was the adoption by the General Assembly of the landmark resolution 64/265 on the prevention and control of non-communicable diseases.

In view of the scope and impact of the NCD epidemic, the resolution embodies our conviction that efforts to successfully combat NCDs will require a response that is urgent, comprehensive, multisectoral and fully coordinated at the national, regional and global levels. The necessity of formulating such a response by Heads of State occasioned this High-level Meeting.

The Political Declaration adopted at this meeting (resolution 66/2, annex) is the outcome of the intense and sustained activity that followed the adoption of resolution 64/265. In this regard, we owe a debt of gratitude to the co-facilitators, the Permanent Representatives of Jamaica and Luxembourg, for the great efficiency and dedication with which they conducted the preparatory work. We are also thankful to our experts for their tireless efforts and to all delegations for the constructive spirit of collaboration that allowed for agreement on a consensus document in a timely manner.

It is clear that the NCD epidemic is a scourge, particularly for developing countries, whose financial resources cannot match the high cost of treatment and care of these diseases. Additionally, we are challenged by the commercialization and proliferation of unhealthy lifestyles, which will only increase the number of patients.

The good news, however, is that NCDs do not have to spell inevitable doom for our countries and peoples. The scientific and other knowledge concerning the origin and spread of these diseases, combined with the technical capacities available, provide a basis for responding in an effective manner. This, we believe, is the strength of the Political Declaration before us. It offers a turning point in the fight against the global tsunami of NCDs at all levels as it provides a good platform for ongoing consideration of the development and other impacts of NCDs by the international community. For this reason, CARICOM fully supported the adoption of the Political Declaration.

For CARICOM, the central message of the Declaration is a global consensus on strengthened commitment to action to address NCDs and their risk factors at all levels. Among other things, the Declaration makes vivid the gravity of the impact of the NCD epidemic, particularly on development; stresses the primacy of prevention and the importance of multisectoral approaches; emphasizes the cost-effectiveness of responses and the desirability of an effective partnership involving all stakeholders; and further commits to the implementation of a range of actions to combat NCDs and their risk factors, including through specific follow-up initiatives.

The successful wide-scale implementation of cost-effective measures presupposes a context of finely focused and well-structured national and global plans that include the identification of clear targets and indicators for measuring progress toward their achievement. However, to increase the likelihood of the success and sustainability of these efforts, the support of the international community is critical. Such support, which must include technical and financial resources, is needed to complement the national resources available to developing countries, as well as to enable United Nations agencies to scale up action to help countries prevent and control NCDs.

CARICOM is committed to ensuring that the Declaration does not turn out to be a mere rhetorical achievement, but that it becomes a platform for resolute actions by all States and other stakeholders. That spirit of commitment is already being demonstrated in our actions. We have developed a strategic plan of action for our region and established national commissions in eight of our member territories. Ratification of the Framework Convention on Tobacco Control has expanded, and we have developed standards for tobacco labelling. Standards for nutrition labelling for salt, sugar and trans-fat have also been developed, and Member States are at different stages of ratifying them. A new primary-care policy aimed at improving chronic care policy has been developed, and we are putting in place mechanisms to track risk factors and monitor annual progress towards the goals of the Declaration of Port of Spain.

One of the actions that the CARICOM countries have implemented, and which we regard as our premier regional health-promotion activity, is the setting aside of the second Saturday in September of each year as Caribbean Wellness Day. It is a day dedicated to teaching about and practicing healthy lifestyles. We feel very proud of this achievement and invite Member States to join us in a similar initiative that will lead to a worldwide celebration and focus on health and wellness.

At this juncture, it is worth mentioning that the initiative to establish a regional sports academy in Suriname was received with appreciation by CARICOM at its twenty-second intersessional meeting, held in February. The establishment of such an academy has also gained international support with respect to football, tennis, track and field, and cricket, particularly considering the important role such a facility could play in addressing NCDs.

In the view of CARICOM States, the Declaration falls somewhat short of our original expectations. The reasons include: no clear goal or corresponding road map for the global NCD campaign; a lack of strong commitments on targets, resources and a global collaborative NCD mechanism; and strong reservations as to the use of the term "epidemic" in relation to the global spread of NCDs. Yet we see it as a significant stimulus for the prevention and control of NCDs through, inter alia, the reorientation and strengthening of national health systems, universal access to available medicines, and the technology to prevent and treat these diseases.

We believe that, if scrupulously implemented, this instrument could contribute in meaningful ways to achieving the internationally agreed development goals. However, our work in the context of establishing a firm normative and operational platform is far from complete. There is still a need to agree on ambitious global targets and indicators, a monitoring framework and a clear mechanism that will allow all stakeholders to engage in joint endeavours to address the impacts of NCDs through a meaningful partnership. We are hopeful that by the time we gather to undertake a comprehensive review and assessment of the progress made on NCDs, in 2014, the picture will be a much more positive one.

As the level of participation in the activities and initiatives of the High-level Meeting confirms, concern about addressing NCDs is immense and growing. This has stimulated a commendable activism within and among countries and regions. CARICOM welcomes the variety and intensity of these efforts. In this regard, I wish to pay special tribute to the invaluable contributions of the World Health Organization and the Pan American Health Organization and also express our confidence that they will provide strengthened leadership to deal with all dimensions of the issue of NCDs in future. Credit is also due to the Healthy Caribbean Coalition, whose initiatives have been pursued within as well as outside the region of the Americas. We believe that the momentum generated by this High-level Meeting should be sustained. Just as the United Nations gives attention to the fight against AIDS, malaria, special attention should also be given to the fight against NCDs. A helpful action might be the appointment of an envoy or representative of the Secretary-General on NCDs who could facilitate continued attention by and collaboration among all stakeholders.

CARICOM is willing to share its experience and successes in confronting the NCD challenge. Once again, we invite the rest of the world to share our passion and join us in our continued efforts to prevent or reduce the incidence of morbidity and mortality from NCDs and subsequently to reduce its negative impact on development.

Before closing, I should like to add a special personal note. The seriousness of these illnesses and

the ensuing impact on our development warrant universal access to medicines and technology. We therefore emphasize once again that agreements such as the Agreement on Trade-Related Aspects of Intellectual Property Rights will not prevent us from taking measures to protect public health. Such agreements should thus be interpreted and implemented in a manner that is aimed at protecting health in general and in particular at promoting access to medicines for all.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Danilo Türk, President of the Republic of Slovenia.

President Türk: We gather today for a unique meeting with a uniquely important purpose — to put in place an effective global front against the spread of non-communicable diseases and to start eliminating some of the major threats to human life in our era. We owe gratitude to all those who made this meeting possible: the Secretary-General, the President of the General Assembly, the World Health Organization (WHO) secretariat and, above, all the Caribbean States for their timely and wise initiative.

We have seen the figures on non-communicable diseases and resulting deaths, and we rightly take note of them. I am convinced that these figures will be quoted often these days — and they should be. The world must become better aware of the major threats to humankind. There is no doubt that non-communicable diseases constitute such a threat.

But there is also a paradox here. This is only the second time in the history of the United Nations that the General Assembly has convened a meeting with the participation of Heads of State and Government on a set of dramatic global health issues with major and very adverse consequences for social and economic development.

We should think and ask ourselves why this is so. Perhaps our global understanding of development remains too limited and excessively driven by economic technicalities. Perhaps health issues are still seen as a matter for experts and not for global policymakers. This has to change. As successful campaigns against polio, small pox and HIV/AIDS have demonstrated in the past, the world can succeed.

In the framework of the European Union, Slovenia has been among the initiators of the European Partnership for Action against Cancer, a campaign for the most effective prevention and successful treatment of cancer diseases. International cooperation is vital for its success.

But there is a fundamental problem here. Those words require more effort and more resources — medical, technical, financial and organizational — and we need multisectoral strategies, a system of most appropriate indicators to measure progress, and an institutional mechanism that will enable effective coordination at the global level.

We have a long way to go. WHO leadership — with the full participation of Member States — will be necessary in the process of implementing the Political Declaration just adopted (resolution 66/2, annex). The Secretary-General will have a crucial role to play in the preparation of an effective strategy for multisectoral action, and all of us must participate.

The United Nations should take advantage of the existing partnerships among civil society, professional organizations and the business sector. Those partnerships must be strengthened and made more effective and set up with a multisectoral approach; through such a coordinated fashion, we can win. Let us work for the next years and perhaps decades and change the world for the better.

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Dilma Rousseff, President of the Federative Republic of Brazil.

President Rousseff (*spoke in Portuguese; English text provided by the delegation*): I would like to congratulate the United Nations and the World Health Organization (WHO) on having convened this High-level Meeting on chronic non-communicable diseases. The success we have achieved in past meetings continues to encourage us to move forward on the global health agenda. Today, our agenda is focused on those who suffer from diseases such as hypertension, diabetes, cancer and respiratory diseases.

The driving force behind our determination and commitment to curbing these diseases is the premature loss of life and the suffering of people and their families. In my country, 72 per cent of non-violent deaths among those less than 70 years of age are due to these diseases.

Brazil supports access to medication as part of the human right to health. We know that it is a strategic element in fostering social inclusion, building equality and strengthening public health care systems. One of my Government's very first actions was to increase access to medication through the unified health system, in particular to patients with hypertension and diabetes, thus ensuring that access to these medications is free of charge. Our "Health is Priceless" programme distributes those free medications through partnerships with over 20,000 public and private pharmacies.

Advocating access to medicine must go hand in hand with promoting health care and strengthening prevention. Brazil respects its intellectual property commitments, but we are convinced that the flexibilities contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Doha Declaration on the TRIPS Agreement and Public Health, and the WHO Global Strategy on Diet, Physical Activity and Health are key and indispensable to policies to guarantee the right to health.

In Brazil, we are currently intensifying our fight against the risk factors with the greatest influence on the onset of chronic non-communicable diseases, such as tobacco use, alcohol abuse, lack of physical activity and unhealthy diets. We are promoting the reformulation of urban spaces in large urban centres of Brazil. Our Healthy Gym Programme envisions the creation of 4,000 new centres dedicated to supervised physical activity. The Brazilian Government has also been taking measures to guarantee better eating habits by encouraging breastfeeding, the proper labelling of foodstuffs and healthy eating habits in schools. Another initiative of my Government has been to establish voluntary agreements with the food industry on eliminating trans-fats and reducing sodium content in their products.

We want to go even further in combating the use of tobacco, through fully implementing the articles of the Framework Convention on Tobacco Control. Women's health is a priority for my Government. We are strongly committed to reducing mortality rates linked to breast cancer — the most common cancer — and to cervical cancer, which remains a serious health issue especially in northern Brazil, one of the more vulnerable areas of my country. We are therefore facilitating access to preventive examinations, improving mammogram quality and expanding treatment access for cancer victims.

This meeting of Heads of States from around the world must take decisive steps towards reducing the occurrence of chronic non-communicable diseases. Their disproportionate incidence among the poorest demonstrates the need for a comprehensive response to the problem. Health policies must therefore be coordinated with those that address the socio-economic determinants of these diseases.

In light of this issue's central importance for Brazil and for the world, my country, together with the WHO, will host the World Conference on Social Determinants of Health. I invite all those present here today to participate in the Conference, to be held from 19 to 21 October in Rio de Janeiro.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Marcus Stephen, President of the Republic of Nauru, who will speak on behalf of the Pacific small island developing States.

President Stephen: Non-communicable diseases (NCDs) are among the most underappreciated barriers to sustainable development. I commend the General Assembly for adopting resolution 64/265 and view this High-level Meeting as an important milestone in the global effort to address NCDs. I would also like to thank His Excellency Secretary-General Ban Ki-moon for his informative report on the matter (A/66/83).

Nauru is all too familiar with this growing crisis. The prevalence of diabetes in my country approaches 14 per cent, which is more than double the global average. In Nauru, NCDs remove people from the workforce and drive up family spending on health-related expenses. I know the same is true in other countries.

NCDs are also a rapidly increasing burden on our domestic budget and test our Government's commitment to providing health care and social services to all of our citizens. For a small country like Nauru, they also undermine our good governance and political stability by robbing some of our community leaders of their most productive years. The current trajectory is not sustainable. Therefore, addressing NCDs must be a part of the international community's sustainable development agenda.

Regrettably, the issue has not received the attention it deserves, and international resources dedicated to addressing the problem have been inadequate. Perhaps this is because of engrained societal prejudices and the view that NCDs are solely an issue of personal responsibility. However, I am heartened by the growing recognition that this is a complex issue with many causes and requires a comprehensive response at the national, regional and international levels, in addition to the individual level.

Nauru has responded with a number of domestic initiatives. For example, we enacted the Tobacco Control Act of 2009, increased taxes on tobacco and alcohol, introduced a sugar tax and begun building modest district sports courts. We have also started a number of exercise and nutrition programmes to educate our citizens and encourage a healthier lifestyle.

We have also actively engaged in regional initiatives. The Pacific Ministers of Health concluded that NCDs have reached epidemic proportions in the region and are creating an unprecedented human, social and economic crisis requiring an urgent and comprehensive response.

We have also benefited from such international efforts as the World Health Organization STEPS survey about trends in NCDs. I am reminded of the importance of the first global conference on AIDS and how it spawned awareness and positive spin-off initiatives to address the crisis. The time has come for a similar global commitment to meeting the challenges of NCDs.

Nauru is not alone in its struggle with NCDs, but we confront our own set of challenges. As a small Pacific Island nation, we occupy a unique niche in the global economy. Geographically isolated and possessing little land suitable for agriculture, we cannot hope to compete with larger countries and their industrial food production. As a result, cheap and often unhealthy food is routinely dumped on our domestic markets. Nutritious food is a luxury that most of my people cannot afford.

Climate change and ocean acidification are adding new barriers to healthy eating. For centuries, our ancestors harvested healthy fruits and vegetables on land and caught fresh fish from the sea, but today the impacts of climate change are threatening our long-term food security.

Expanding domestic food production is important, and we are thankful for the assistance provided by development partners in this regard. Additional investment in our port facilities and our water storage and delivery systems would also help increase our food security. We must take the steps necessary to make low-cost, high-nutrition foods readily available to families.

As Chair of the Pacific small island developing States, I would like to conclude with some startling numbers that illustrate just how severe the NCD crisis is in the Pacific region. Last year, 75 per cent of deaths from natural causes in our region were attributable to NCDs. Obesity rates top 90 per cent in some of our countries, and diabetes has hit epidemic levels region-wide. Nearly 45 per cent of our adults have high cholesterol and one-quarter suffer from hypertension. Some 70 per cent of Pacific women smoke, with male smoking rates close behind, and our children are three to four times more likely to use tobacco than their peers in developed countries.

Let us make no mistake — NCDs are as much a threat to our region as AIDS, malaria and dysentery are in other parts of the developing world. The good news is that, by implementing education programmes and giving our people access to healthy choices in diet and lifestyle, we can reverse these trends and build stronger communities for our children. A holistic development approach must be at the core of our actions to address NCDs.

The Acting President: The Assembly will now hear an address by His Excellency Pál Schmitt, President of the Republic of Hungary.

President Schmitt: It is an honour and pleasure for me to represent the Republic of Hungary at this High-level Meeting on non-communicable diseases (NCDs). Allow me to emphasize that Hungary aligns itself with the views expressed on behalf of the European Union.

During recent years, we have all witnessed the rapid global spread of non-communicable diseases, which today represent a leading threat to human health and sustainable development. Even worse, this is happening when the economic climate is uncertain and fragile, putting pressure on our limited resources. Especially alarming is the fact that non-communicable diseases are spreading rapidly to those parts of the world where their prevalence had been relatively

moderate, and where this growing burden poses a real social and economic threat.

We need innovative solutions. New models of care are needed, instead of the present hospital-centric ones. Clearly, such innovation should include comprehensive programmes for integrated actions for prevention, early detection and control of non-communicable diseases. There is also a pressing need for investment in the prevention of NCDs as an integral part of sustainable socio-economic development.

I would like to emphasize the strong commitment of Hungary to contribute to the global fight against NCDs. We still have a lot to do in our own country, where there are persistently high levels of morbidity and mortality due to non-communicable diseases. While Hungary has been successful in fighting communicable diseases — for instance, in controlling tuberculosis and in operating comprehensive childhood immunization programmes — we have not yet been able to reach the breakthrough we would like to see in discouraging unhealthy lifestyles among our population. Developing comprehensive non-communicable disease control programmes deserves attention.

Hungarians have a long history of, and successes in, knowledge-sharing and providing educational and training programmes for students and experts from all over the world. We have accumulated experiences in designing and implementing health-sector programmes adapted to local needs and tailored to the scarcity of resources, thereby ensuring their sustainability. Let me here make the point that we need to stop the so-called brain-drain of health professionals, which also contributes to inequities in the provision of care among regions and countries.

In conclusion, as a former Olympian, I know very well that for our dreams to come true and our goals to be achieved requires not only identifying the target but a long-term comprehensive strategy as well, broken down into action plans and achieved through hard day-to-day work. It requires commitment, enthusiasm, patience, continuous support, well-established team work and, of course, sometimes luck. That is the way to win the game. Our target should be to win the global game in the fight against non-communicable diseases. We cannot be satisfied with less. I am convinced that we can do it if we join forces.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Hifikepunye Pohamba, President of the Republic of Namibia.

President Pohamba: Like other countries around the world, Namibia faces growing incidences of non-communicable diseases. These include cardiovascular diseases, cancers of various types, chronic lung diseases, such as asthma, and diabetes. Namibia has also documented high rates of tobacco smoking, alcohol abuse and obesity. We are concerned about the impact of these diseases on the lives of our people, the socio-economic development of our country in general and on our public health system in particular.

In that context, our Government has taken a number of steps to address those challenges. For example, we have adopted the World Health Organization Framework Convention on Tobacco Control. We have also enacted our tobacco products control act, which prohibits smoking in public places. Other measures adopted by Namibia in the fight against non-communicable diseases include restrictions on access to alcohol outlets by persons under the age of 18 years and limits on the times and days of the week during which alcohol may be sold. Although those measures are in place, their enforcement has proved challenging, especially in rural areas and informal settlements. More work therefore needs to be done in order to ensure greater compliance.

Our Government also provides social grants to orphans, pensioners and people with disabilities in order to reduce extreme poverty and their vulnerability to non-communicable diseases. Another practical measure adopted by our Government is the implementation of the Green Scheme programme, to improve national food security and enhance families' access to healthier diets. Our Government has also expanded public literacy programmes, as tools to fight non-communicable diseases. Since independence, adult literacy in Namibia has increased from 70 per cent to 91 per cent.

Given the gravity of this challenge, developing countries have adopted a two-pronged approach to fight both communicable and non-communicable diseases. In that regard, Namibia appeals for international support, both financial and technical, in order to overcome these challenges. As a country, we would like to see more intersectoral collaboration —

that is, public/private partnerships — to discourage harmful advertisements and the marketing of tobacco, alcohol and unhealthy food.

I reiterate Namibia's full support for the efforts of the Secretary-General and his staff to raise awareness about the importance of preventing and controlling non-communicable diseases. That will go a long way to prevent premature deaths and ensure better quality of life for all humankind. Together, we can make it, and we can make a difference.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Robert Gabriel Mugabe, President of the Republic of Zimbabwe.

President Mugabe: I would like to begin by thanking the President of the General Assembly for having organized this pioneering meeting of the General Assembly on the prevention and control of non-communicable diseases. May I assure the President that my delegation attaches great importance to the outcomes of this High-level Meeting. It is my hope that the Meeting will generate the necessary political will to combat the growing danger posed by non-communicable diseases (NCDs).

As leaders, we have for a long time focused our attention on other diseases such as HIV and AIDS, tuberculosis and malaria, and, in the process, have overlooked the growing threat posed by NCDs to humankind. Our meeting today awakens us to the reality that NCDs have now surpassed HIV and AIDS as the leading cause of death worldwide. They accounted for 63 per cent of all global deaths in 2008.

We are alarmed by the statistics from the World Health Organization (WHO) that NCDs are expected to affect 52 million people by 2030. This must surely spur us to take urgent mitigation measures. I understand that the majority of new cases will be recorded in developing countries. Undoubtedly, this will further strain our already overburdened health delivery systems in the developing world, and this, I am sure, will scuttle the realization of one of the main Millennium Development Goals.

I am informed that WHO projects the burden of NCDs to increase 17 per cent globally and that the greatest increase, of 29 per cent, is expected to be in the African region. It is common cause that Africa is the least developed continent, and consequently the least able to cope with such a scourge. This must be taken in the context of the devastation caused to the continent by the HIV and AIDS pandemic. I therefore call upon the international community, especially developed countries, to increase their assistance, in particular to Africa, towards preventing and controlling NCDs.

The scourge of NCDs in developing countries places an enormous social and economic burden on fragile health delivery systems. Consequently, the availability of drugs to our people is compromised and, inevitably, the rate of mortality increases. My country conducted a NCD risk factor assessment in 2005 and established prevalence rates of 10 and 27 per cent for diabetes and hypertension, respectively. Furthermore, the 2010 WHO Global Status Report on Non-Communicable Diseases in Zimbabwe revealed an estimated age-standardized death rate for all in 2008 to be nearly 698 per 100,000 for males and 533 per 100,000 for females.

There are several questions that we have to address at this conference. Are we doing enough in our efforts to address the modifiable factors contributing to the increase of NCDs? Are we capacitated to provide treatment and research on new ways to strengthen our efforts to curb the scourge of NCDs? These are the challenges confronting us today and it is imperative that we harness our collective efforts towards a united and common objective.

My Government continues to prioritize health issues, including NCDs. To that end, we have established a national mechanism to combat non-communicable diseases through raising awareness of the magnitude of this scourge in our country. In addition, we have put in place programmes for the training of our NCD health services personnel.

Furthermore, Zimbabwe's second NCD risk factor surveillance will be conducted in 2012 to augment our database on diseases. We expect the surveillance to complement our yearly NCDs awareness campaign targeting the diseases under the four main NCDs whose modifiable factors include raised blood sugar level, high blood pressure, obesity, excessive alcohol and tobacco consumption, unhealthy diets and lack of physical exercise.

Global food agencies such as the World Food Programme and the Food and Agriculture Organization have noted that many families in developing countries suffer from the lack of a balanced diet, rendering them

susceptible to NCDs. Yes, many developing countries, including Zimbabwe, have had their challenges with abuse of tobacco and alcohol, but such factors are only attributable to a small percentage of any country's population. The major challenge in many of our countries is to reduce poverty, which restricts many families to a rigid and unbalanced diet.

Zimbabwe welcomes the Political Declaration (resolution 66/2, annex) just adopted at this meeting, which outlines the first collective attempt to provide a way forward in finding a solution to the NCD epidemic. Unfortunately, the document does not adequately address some of the core challenges facing developing countries as they grapple with this scourge. We therefore call on developed countries to make concrete commitments that are time-bound so as to ensure access to medicines, appropriate technology transfer and further training for our health personnel on NCDs.

My delegation is concerned that in the quest to protect trade-related aspects of intellectual property rights, the human face is lost. There is a tendency to forget that this is a life and death situation for our affected people. We reiterate that human survival must be more important than all else. My delegation calls on international partners to grant flexibilities that will allow pharmaceutical companies in countries of the South to manufacture generic drugs that treat NCDs, just as they did for HIV and AIDS drugs over the past few years. We believe that this would go a long way to ensuring the availability and affordability of treatment.

I would like to conclude by saying that we have before us a challenge to make a historic decision in the global fight against the NCD scourge. It is our collective responsibility as leaders to make this meeting a success for the benefit of all humankind.

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Micheline Calmy-Rey, President of the Swiss Confederation.

President Calmy-Rey (*spoke in French*): Non-communicable diseases have become not just an urgent public health problem, but a major political issue because of their impact on our societies and economies. These diseases pose a global challenge that concerns us all, whether in developing, emerging or developed countries, and which we must tackle together. As the specialized agency of the United Nations responsible for global health, the World Health Organization has a key role to play in coordinating global measures to combat non-communicable diseases.

The main causes of non-communicable diseases are linked to lifestyles and living conditions. A substantial proportion of the premature deaths they cause could be avoided. These factors are vital in determining the actions we must take to confront this scourge.

In Switzerland, we have adopted a pre-emptive approach through targeted preventive and health-promotion measures in the fight against smoking and alcohol abuse, and through promoting balanced nutrition and exercise. We have developed mechanisms that enable us to work closely and innovatively with the private sector, research entities and civil society, with the involvement of various public authorities in order to better direct our activities towards at-risk populations.

In the context of our development cooperation activities, we adopt a similar approach by emphasizing the strengthening of health care systems by promoting health, prevention, education and social protection. We intend to step up our efforts in the area of non-communicable diseases without taking resources away from the important area of communicable diseases. On the contrary, synergies between these two areas must be found.

Above all, we need to bring about a change in mindsets, which is a long-term task that will require sustained political commitment. There is an urgent need to act and to commit ourselves over the long haul so that preventive measures can take effect before the consequences of non-communicable diseases catch up with us all. Let us devise innovative solutions that make use of the potential synergies between governmental actors, civil society, the private sector, the research sector and international organizations. We must ensure that our prevention and health-promotion measures will benefit everyone, rich and poor, in all countries. Let us use the World Health Organization and take advantage of its ongoing reform process to give it the responsibility for coordinating our response to non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Abdoulaye Wade, President of the Republic of Senegal.

President Wade (*spoke in French*): The initiative taken by the United Nations to convene this High-level Meeting on the Prevention and Control of Non-communicable Diseases demonstrates the far-reaching impact of such infections and the need to ensure that our people understand them better.

Before coming here, I asked our Minister of Health what a head of State who knows nothing of medicine could say that might be of interest to share with the Assembly on this issue. I ultimately understood that there are two categories of diseases — that is, diseases that can be transmitted by bacteria and viruses, against which we fight very effectively in Senegal, although this entails much spending, and other diseases, which are the subject of our meeting today.

What I understood and what I intend to apply when we return to Senegal is that the second category of disease covers those that have to do with the functioning of organs and that are not due to external causes. They have to do, rather, with the development of the individual, which is practically out of our control. I would note that, according to statistics, while 35 per cent of deaths are currently due to these non-communicable diseases, 30 years from now that figure will rise to 75 per cent. This means that we must take a different approach to this issue than we have taken until now. While 75 per cent of deaths represents a great loss of human life, it also means substantial financial costs, which we cannot afford.

Bearing all of this in mind, and to keep my remarks brief, I will quickly tell the Assembly about how we respond to health issues in Senegal and about the concrete steps we will take with respect to this issue.

Senegal took the issue of AIDS very seriously at an early stage. It is for that reason that we have one of the lowest prevalence rates in Africa, namely, 0.7 per cent. Senegal was also an early adopter of e-medicine, although today we may not be at the head of the pack.

When it comes to the issue we are discussing, I would like to say that we believe that the most important thing is for people to understand what causes these illnesses, and this has to do with the overall issue of prevention. Prevention has to do with individual responsibility, and hence the need for education and raising awareness at the individual level. That is why, in our Ministry of Health, we have placed great emphasis on medical prevention and preventive public health measures, including through several initiatives.

Finally, I would like to say that I have noted that the treatment for these diseases requires more or less sophisticated equipment, which is very costly. We must therefore consider the issue of how to acquire such equipment — perhaps by producing such equipment locally in our countries in Africa or in the subregion — and the issue of increasing the number of specialists on these issues.

Regardless of the viewpoint adopted in dealing with health issues, we in Senegal always reach the same conclusion, namely, that what we need is prevention, in general and at the individual level. That is why we propose that the coming decade be declared be the decade of prevention.

The Acting President: I now give the floor to His Excellency Mr. Alexandre Manguele, Minister for Health of the Republic of Mozambique.

Mr. Manguele (Mozambique): In my country, the main public health problems are still related to communicable diseases. The burden of malaria, HIV and AIDS, tuberculosis and related diseases is quite high, resulting in high mortality rates. However, in recent years, due to environmental factors, lifestyle changes, development and increasing urbanization, among others, we are seeing an increase in non-communicable diseases. This situation is critical and constitutes a major challenge not only for the health sector, but also for the development of the country.

Aware of this growing problem, we conducted in 2005 the first assessment of risk factors for chronic non-communicable diseases, which has already shown worrying figures. These diseases affect Mozambican citizens at an early stage of their lives, endangering their participation in the production processes of the country and creating for families and the Government a huge economic burden.

The poorest countries and countries in great need, such as Mozambique, cannot treat these new diseases, which are chronic and extremely costly. Only a timely policy to wage an integrated fight against common risk factors for these diseases in the direction of changing incorrect lifestyles would contribute to the primary prevention and reduction of their impact in the near future.

Mozambique has decided to include the fight against these diseases in our health sector policy and in the Government's five-year plan. Since 2002, the Ministry of Health has had a department that is responsible for this area. A national strategic plan for the prevention and control of non-communicable diseases in Mozambique was approved in 2008. Due to the shortage of resources that the country is facing, an integrated approach to implementing the plan was adopted that allows for profitability in terms of both financial and technical resources, which we think is the best strategy in current conditions. We also intend to intensify action to promote health and implement, at the primary health-care level and in a systematic way, screenings for risk factors for chronic non-communicable diseases.

In conclusion, allow me to stress that, in order to contribute to reducing the exposure to and degree of prevalence of risk factors for non-communicable diseases, as well as to reduce mortality and improve the quality of life for Mozambican citizens, the Government of Mozambique is fully committed to implementing the Brazzaville and Moscow statements. Thus, we hope that in this meeting, non-communicable diseases — including cardiovascular diseases, chronic respiratory diseases, diabetes mellitus and cancer — should be declared a global priority and included in internationally agreed goals, including the Millennium Development Goals.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Ali Bongo Ondimba, President of the Gabonese Republic.

President Bongo Ondimba (*spoke in French*): At the outset, I would like to congratulate Ambassador Nassir Abdulaziz Al-Nasser on his election to the presidency of the General Assembly at its sixty-sixth session, and to commend the excellent job done by his predecessor, Mr. Joseph Deiss. I also congratulate Mr. Ban Ki-moon on his re-election as Secretary-General and wish him a successful term.

Since the adoption of the 2008 Libreville Declaration on Health and Environment in Africa, Gabon has been firmly committed to preventing and reducing the impact of non-communicable diseases by developing capacities and creating monitoring systems. The Government of Gabon has assessed the problem, and our public health policies focus on the quality of life of our people.

In our national strategies and programmes, together with the private sector and civil society, we have focused on prevention and education with respect to healthy lifestyles. Significant measures are in place, such as free screening for diabetes and high blood pressure, a ban on smoking in public places, and limiting alcohol consumption.

With the private sector, and in the spirit of the Brazzaville and Moscow declarations, we are experimenting with the SMS diabetes project, with the goal of providing users of cell phones with information on diabetes awareness and its management. We have also planned national control mechanisms, including a cancer institute to open in 2012. Furthermore, operational research efforts are under way on sickle cell anaemia at the International Centre for Medical Research in Franceville.

Many challenges remain. Gabon needs greater visibility in terms of statistics in order to guide our programmes. Moreover, Gabon calls for more effective epidemiological monitoring systems in order to ensure better follow-up with respect to non-communicable diseases in the health, social and economic areas. Similarly, we would draw the attention of the international community to the links that could exist between chemical products and the development of cancer, and we again appeal to the sense of responsibility of the major companies that produce alcohol and tobacco.

In conclusion, I commend the holding of this High-level Meeting. It gives us the opportunity to reach a consensus on the partnership platform that must be set up so that the goals of prevention and control of non-communicable diseases are achieved by the low- and medium-income countries by 2015. To that end, my country supports the declaration of the Group of 77 and China and commends the Secretary-General for his report on NCDs. Gabon supports the recommendations that he has made with respect to our common actions.

The Acting President: I now give the floor to His Excellency Mr. Naman Keita, Minister of Health of the Republic of Guinea.

Mr. Keita (Guinea) (*spoke in French*): Along with specific issues related to maternal and child health, non-communicable diseases (NCDs) represent for our countries a heavy emerging burden in addition

to the burden of contagious or infectious diseases such as malaria, HIV and tuberculosis.

The situation in our country, Guinea, relating to the main NCDs is as follows. The incidence of diabetes among the population is 5.7 per cent in the city of Conakry and 5.6 and 4.6 per cent, respectively, in the urban and rural areas of Basse-Guinée. Three fourths of those cases have not been diagnosed, and most cases, even when diagnosed, are not treated. As a result of the lack of adequate diagnostic mechanisms and treatment modalities, diabetic comas account for half of the deaths among those who suffer from that illness. In addition, diabetes is the culprit in half of all limb amputations. High blood pressure affects 35 per cent of the population.

The prevalence rates of the main types of cancer are as follows: cancer of the uterus, 48 cases per 100,000 women; breast cancer, 14 cases per 100,000 women; liver cancer, 32 cases per 100,000 persons; and prostate cancer, 16 cases per 100,000 men. The incidence of bronchial asthma is 12 per cent in schools and 5 per cent among the general population. Sickle-cell anaemia, diagnosed by means of Emmel's test, is detected in 12 per cent of screenings. Nor is it unusual for a patient to have more than one NCD. These diseases, while not lethal, result in high medical transport costs — an ineffective approach given that we are talking about chronic illnesses.

Given the high rates of NCDs and their impact on development, the Government of Guinea, together with its technical partners, in particular the World Health Organization, has taken the following priority actions: an overall commitment by and concertation among the Government; support for the national integrated programme for the prevention and treatment of NCDs in the form of human, material and financial resources; and the mobilization of financial resources within our national budget that are commensurate with the burden of NCDs.

We hope that this High-level Meeting will provide a strong impetus for improving the situation with respect to NCDs, through, inter alia, a reduction in the number of deaths, comas, amputations and cases of paralysis. We are counting on agreed measures to ensure that we are successful in the long term in combating NCDs. Long live international cooperation!

The Acting President: The Assembly will now hear an address by Her Excellency Mrs. Kamla Persad-Bissessar, Prime Minister of the Republic of Trinidad and Tobago.

Mrs. Persad-Bissessar (Trinidad and Tobago): I have a question for those who are participating in this High-level Meeting today. I would like to know, by show of hands, how many here suffer from one of these non-communicable diseases (NCDs), or have close family members who do. The fact that a number of people raised their hand underscores the significance of this very important discussion we are having here today.

At this gathering of world leaders, diplomats, intergovernmental organizations and representatives of civil society, we underscore the importance of formulating a global strategy to address the most urgent challenges posed by NCDs.

The impact of NCDs on our populations can no longer be viewed solely as a health crisis. The Government of Trinidad and Tobago recognizes this challenge, and we have therefore put in place measures to prevent and treat persons affected by these NCDs.

We have experienced some successes and made strides in the area of public health. We have been able to reduce infant mortality, eradicate polio and virtually eliminate childhood diseases such as measles and diphtheria as major causes of infant morbidity and mortality through our robust primary-care programmes.

Nevertheless, over the past decade, our statistics have shown that heart disease remains the number one cause of death, accounting for 25 per cent of deaths. The incidence of diabetes has remained fairly constant, accounting for just under 14 per cent. Cancers have increased slightly, from 12.7 per cent to 13.8 per cent. In the case of strokes, however, there has been a 1 per cent decline, from 10 to 9 per cent.

A significant portion of our gross domestic product is being utilized to provide care for persons with NCDs. Added to this economic cost is the social burden placed on families and communities that must cope with the numerous problems caused by these diseases. These include disabilities, the inability to work and the provision of care for the ill and the vulnerable, as well as the social risk factors linked to culture, education, environment, urbanization and employment, all of which increase susceptibility to developing NCDs.

Trinidad and Tobago has been at the forefront in advocating for national, regional and international action to focus on NCDs as a developmental issue of global concern. Trinidad and Tobago took the political initiative and proposed to this body that a high-level meeting be convened to address the matter. Subsequently, our delegation at the United Nations participated actively along with delegations representing the Caribbean Community and other Member States in the deliberations which laid the groundwork for this meeting. However, we view our efforts at the multilateral level as only complementary to what we are obligated to do domestically.

At the national level, we have devised a number of programmes in the fight against NCDs. Only last Friday, we appointed new members to the Partners Forum Working Committee for Action on Chronic Non-communicable Diseases. The goal of this Committee is to act as both a catalyst and a mechanism for multisectoral action to promote health and reduce the burden of chronic diseases.

We have also formulated schemes to ensure that all segments of the population, especially the most vulnerable, are provided with medications. These are provided at no cost to the population under our Chronic Disease Assistance Programme.

As a State party to the World Health Organization Framework Convention on Tobacco Control, we have implemented legislation which, among other things, bans smoking in enclosed public spaces; forbids the advertising, promoting and sponsoring of tobacco products; and prohibits the sale of tobacco products to minors.

In closing, I would ask, what must we do? We are serious about this; that is why we are here, and why the Meeting is taking place. What can we do? I propose the following. We need to recognize that NCD risks do not have a medical origin and therefore require, in addition to medical solutions, non-medical solutions. Consequently, we must redefine the problem. We need to change the dialogue and focus on the social determinants of health in order to win the war against NCDs. For these reasons, we submit that Member States should strengthen the systems and services for early detection, treatment and rehabilitation. Emphasis must also be placed on research on the man-made causes of NCDs, the reduction of risk factors and a shift towards protecting the future of our children.

My country strongly endorses the development of a global strategy for the prevention and control of NCDs. This can be achieved if the United Nations partners with Member States to reduce the incidence and prevalence of NCDs among our populations. This requires the harnessing of financial and other resources that are not readily available to many developing countries. In order to achieve these objectives, I urge the General Assembly to adopt the following proposals.

The first is to support the establishment of global targets for NCD prevention and control, with a possible target of reducing NCDs by 25 per cent by 2025. The second is to redefine NCDs in terms of the conditions that drive the risk factors for development. The third is to commission a scientific and technical working group to develop a research agenda for NCDs and establish the framework within which the global community can respond and measure the efficacy of the response at all levels. In that regard, the Secretary-General may consider the appointment of a special envoy on NCDs.

Finally, the Government of Trinidad and Tobago remains committed to working with the United Nations, other intergovernmental organizations, members of civil society and other partners to implement any agreed global strategy aimed at preventing and controlling the incidence of NCDs.

The Acting President: The Assembly will now hear an address by Her Excellency Sheikh Hasina, Prime Minister of the People's Republic of Bangladesh.

Sheikh Hasina (Bangladesh): I am happy to speak before the General Assembly on the issue of non-communicable diseases (NCDs), which are a growing development challenge in Bangladesh and the world alike. I hope that our meeting today will help to raise concern and enhance our work towards developing common approaches to non-communicable diseases.

The steady growth of humankind and its strivings towards economic prosperity sometimes leaves little space for environmental and health considerations, at great cost to our populations' health. The ever-growing requirements on agriculture and industry have led to the unsustainable exploitation of natural resources, pollution, urbanization and ecological degradation. These changing conditions have, in turn, given rise to the growth of NCDs, such as cardiovascular diseases, diabetes, pulmonary ailments and cancer. NCDs now

account for 60 per cent of global mortality and 61 per cent of national mortality in Bangladesh.

Sadly, NCD prevention and control programmes have remained a low priority for national and international engagement. It is increasingly clear, however, that we can no longer ignore these problems. As part and parcel of efforts to combat NCDs, we need to pay more attention to the use of food additives, chemicals, residual pollutants, enzymes and hormones, and even try to curb the excessive use of antibiotics.

NCDs affect the rich and the poor alike, but their worst impact can be seen in working adults, to the extent that they place a great social and economic burden on families. Deaths are usually premature and follow a period of prolonged suffering. This entails additional expenditures, which families cover by reducing essential consumption, borrowing money and selling assets. Squeezed for money, affected households often need to lower the quality of their food, which then has an impact on the overall development of their children. This silent epidemic plunges people into poverty, which in turn slows economic growth, especially in poor countries like ours.

Thankfully, there are some very concise steps that we can take to control NCDs. We need tobacco control and the regulation of the unfettered food and beverage industries. We also need to distribute information on what constitutes a healthy diet, as well as to encourage physical activity. Pollution control, clean technologies and environmentally friendly waste management practices are equally important, as is the availability of health facilities.

In the developing world, our health systems are limited to primary health care, with some referral hospitals where doctors can look after patients with NCDs. Private health centres offer services that are either inadequate or prohibitively expensive. There is a need, therefore, for more health facilities and specialized hospitals focusing on specific and major NCDs, including cancer, heart and lung diseases and mental health.

In recent years, Bangladesh has started to commit additional resources to control NCDs, imposing higher taxes on tobacco, banning smoking in public places, setting up diabetic associations in towns and initiating community-based mental health promotion and blindness prevention programmes in rural areas.

We are also developing specialized hospitals and offering incentives to the private sector to build modern health facilities. We have also taken important steps to integrate autism and other developmental disorders into our existing health-care programme.

In July, we held a high-level international conference on autism in Dhaka and also created a regional coalition. The Dhaka Declaration calls for immediate action to increase access to services and ensure adequate and timely treatment and care. It also calls for the mobilization of increased human and financial resources for the health care of children with developmental disorders.

The challenges of NCDs require matching resources, which can be generated by public-private partnerships. The 2010 *World Health Report* has aptly covered the issues of innovative financing and health insurance. Despite all of that, the fact remains that we need unqualified support and enhanced resources from all of our development partners. High on the list are the easy transfer of technology and access to medicines at affordable prices. Indeed, by actually rising above national considerations, together we can prevent and control NCDs and realize our common goals in health and development.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Ralph E. Gonsalves, Prime Minister of Saint Vincent and the Grenadines.

Mr. Gonsalves (Saint Vincent and the Grenadines): Saint Vincent and the Grenadines aligns itself fully with the statement delivered on behalf of the Caribbean Community (CARICOM) by His Excellency the President of the Republic of Suriname. Given the limited time allotted to speakers in this High-level Meeting, I will not seek to be exhaustive in my remarks, but merely add to those who have spoken before me on this important issue.

Mr. Thomson (Fiji), Vice-President, took the Chair.

Four years ago, the statement I prepared for the general debate of the sixty-second session of the General Assembly included the following:

> "The costs associated with treating the chronic non-communicable disease epidemic are staggering and constitute a serious threat to our already strained health care budgets. Saint Vincent and the Grenadines has therefore declared war on chronic non-communicable diseases, and is in the embryonic stages of developing a comprehensive strategy to elaborate a wellness revolution among and by our citizens. This is part of a well-articulated regional strategy by members of CARICOM. To that end, we urge the World Health Organization and the Pan American Health Organization to partner with Caribbean nations in devising effective strategies to combat these debilitating lifestyle diseases."

Today, I am pleased to address a high-level meeting dedicated specifically to the non-communicable disease (NCD) epidemic. I am grateful for the perseverance of my fellow CARICOM Heads of State and Government in bringing this matter to the forefront of the international agenda. In September 2007, we issued a declaration entitled "Uniting to Stop the Epidemic of Chronic NCDs", which preceded the first-ever Heads of Government summit devoted solely to NCDs. I also appreciate the solidarity and foresight of the Heads of Government of the Commonwealth, who issued an important Statement on Commonwealth Action to Combat Non-Communicable Diseases during our 2009 meeting in Trinidad and Tobago. The excellent speech delivered a short while ago by the Prime Minister of Trinidad and Tobago reflected some of these considerations and concerns.

The Ambassadors of Luxembourg and our sister island of Jamaica are also deserving of our commendation for the strong work they did in co-facilitating the negotiating process that led to our Political Declaration on NCDs (resolution 66/2, annex).

The Government and people of Saint Vincent and the Grenadines also express their deepest thanks to those Governments that have assisted us in the formulation and implementation of our own wellness revolution. In particular, we thank the European Union and the Governments of Cuba and Taiwan, whose recent successful efforts to participate in the World Health Assembly reflect their deeply held commitment to international health issues.

But this is not a time for congratulatory back-slapping. It is a time for the international community to roll up our collective sleeves in order to confront an epidemic that is correctable, reversible and treatable. This high-level event is not the culmination of an effort, but merely the beginning of intense, focused and coordinated actions to address the health and development impacts of NCDs, particularly in poor and middle-income countries.

There is a reason that this meeting is being held here in the General Assembly in New York and not at the World Health Organization headquarters in Switzerland. That reason is the fact that the fallout of the NCD epidemic is much wider than the health sector or the health of those individuals tragically afflicted with non-communicable diseases. The development aspects of this epidemic must be highlighted and addressed. In particular, we must confront the tremendous strain that NCD treatment places on the health care budgets of developing countries. We cannot ignore, either, the disproportionate impact of this epidemic on poor people and developing States, or its obvious negative impact on the achievement of the Millennium Development Goals. Our response to the NCD epidemic must therefore be multifaceted and coordinated.

In that regard, while I am heartened by our international consensus on the Political Declaration emanating from this meeting, it is not enough. Our political consensus today must give impetus to a robust follow-up process and a detailed plan of action that will provide assistance to local hospitals and primary care facilities; acknowledge that the flexibilities inherent in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights can and must be applied to the NCD epidemic; dedicate development assistance to strengthening NCD prevention and treatment; and collaborate on education and public awareness efforts in combating these diseases.

We must also consider the role of the State and civil society in promoting healthy lifestyles and protecting local citizens from environmental harm and trade imbalances that make an imported hamburger, French fries and a carbonated beverage cheaper and more readily available than a nutritious, locally produced meal.

Hippocrates once said, "A wise man should consider that health is the greatest of human blessings". If we can collectively protect and preserve this blessing, the benefits will go well beyond the longevity and productivity of individual citizens. They will have a knock-on effect on the economies, societies and development prospects of countries and regions. I wish all success to this High-level Meeting.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Freundel Stuart, Prime Minister and Minister for National Security of Barbados.

Mr. Stuart (Barbados): It is my special privilege to address this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs), a subject of critical concern to Barbados and the countries of the Caribbean. The Caribbean is the region of the Americas worst affected by the epidemic of NCDs. These diseases are responsible for over two-thirds of all deaths, much sickness and ill health, resulting in an unsustainable burden on our fragile economies. The economic and social gains made in the Caribbean region over the past five decades are in grave danger of being reversed without immediate, effective and aggressive intervention.

Grave concern about this situation propelled Caribbean Community (CARICOM) leaders to convene an unprecedented summit on chronic non-communicable diseases in 2007, which led to the adoption of the Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs. Further, it was the impetus for CARICOM member States to place the issue of non-communicable diseases on the agenda of the United Nations.

It is estimated that one in every four Barbadians is affected by at least one of the NCDs. Rising rates of obesity, poor nutrition, low levels of physical activity and other risk factors associated with a cultural shift in our lifestyle are projected to contribute to increasing the incidence of NCDs to one in every three individuals by 2025. That reality, coupled with an ever increasing elderly population, makes it critical for a small island developing State like Barbados to set achievable goals and objectives for attaining targets in non-communicable disease prevention and control.

Galvanized by the significant health and socio-economic challenges posed by NCDs, the Government of Barbados has, over the past five years, taken specific, targeted actions. Barbados has established a chronic non-communicable disease unit. The financial resources dedicated to fighting lifestyle-related diseases — including diabetes, hypertension, heart disease, respiratory disease and cancer — have been increased by over 50 per cent. Our surveillance capacity for chronic disease has been significantly improved through the establishment of the Barbados National Registry, the first of its kind in the Eastern Caribbean. This population-based registry will document all new cases of stroke, acute coronary events and cancer, and will be a vital tool in making informed policy and programme decisions.

Policy actions in relation to diet include the development of nutritional guidelines for healthy and nutritious food in schools and the implementation of a National Nutrition Improvement and Population Salt Reduction Programme. Consultations have started with the manufacturers in the food and beverage industry in an effort to have more wholesome and healthy options available to our citizens.

Barbados is committed to working with the private sector and civil society on these issues and strongly supports the establishment of mechanisms to permit civil society to be significantly involved globally in responding to non-communicable diseases and in the setting of time-bound targets.

Our commitment to the World Health Organization Framework Convention on Tobacco Control remains firm, as seen in the enactment of legislation to ban smoking in public places and to prohibit the sale of tobacco products to minors.

The process that started at the 2007 summit in Port-of-Spain has succeeded in placing non-communicable diseases on the global development agenda. There is now a greater acknowledgement of the enormity of the epidemic and its devastating impact on socio-economic development, particularly the socio-economic development of developing countries.

The Political Declaration that we have just adopted (resolution 66/2, annex) does not fully reflect our expectations. However, it provides a good platform for ongoing consideration by the General Assembly of the developmental and other impacts of NCDs. It is our hope that out of this process, developing countries like Barbados will be able to benefit from international cooperation as we continue to address the economic

burden of these diseases, which, as long ago as a decade, accounted for 5.3 per cent of our gross domestic product. Support for training, research and development, quality control and monitoring and evaluation will greatly assist Barbados and other small island developing States in our response to the challenges of chronic non-communicable diseases.

Urgent multisectoral action and policy coordination are needed to achieve the prevention and control of NCDs. I should like to emphasize that it is imperative that, as we go forward, critical decisions are made that include accountability, reporting and systematic feedback of outcomes. We need to accord greater priority to non-communicable diseases on the development agenda. Barbados looks forward to collaborating with our partners in our ongoing interventions against this epidemic.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Commodore Bainimarama, Prime Minister of the Republic of Fiji.

Mr. Bainimarama (Fiji): As we gather for this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs), it is clear that NCDs are a global health epidemic. They are a leading cause of death worldwide. The statistics are staggering: NCDs account for over 63 per cent of deaths globally. In the Western Pacific region, 30,000 die every day due to NCDs. In my own country, Fiji, 80 per cent of illness, disability and deaths are attributed to NCDs.

Those figures speak for themselves. It is also apparent that premature deaths caused by NCDs reduce productivity, curtail economic growth and pose significant social challenges in most countries. NCDs are therefore not just a health concern, but also a development and economic concern.

The Pacific region, including Fiji, has declared NCDs a crisis requiring urgent action. We are aware of the rising burden of NCDs and their socio-economic impacts upon our nations. We recognize, however, that national Governments bear the primary responsibility for responding to this global epidemic.

Our recognition of that fact spurred the Fiji Government to put in place an NCD Strategic Plan for 2010-2014 entitled "From womb to tomb with a double-edged sword — everyone's business". Fiji has adopted the "3M" model — mouth, muscle, medicine — to NCD prevention and control, with strategic health communication and social determinants forming the base of the model.

Our womb-to-tomb approach, together with emphasis on Millennium Development Goals 4 and 5 in our health delivery system, also supports the Government's road map for ensuring that women and children have access to quality health service. Our strategic activities include intervention in policy, physical environment, lifestyle and clinical services with enhanced advocacy, monitoring and evaluation. This strategic approach is multisectoral in nature, engaging the whole of Government and the whole of society.

As a nation, Fiji is committed to this multisectoral plan and its full implementation over the next few years. By addressing the prevention and control of NCDs in-country, we recognize that we are contributing to addressing NCDs worldwide. To that end, Fiji is one of the first countries in the world to be given an award by the World Health Organization (WHO) for our tobacco-free initiatives in communities. We now have four such communities in place. Additionally, Fiji is one of the first countries in the world to have carried out the first and second WHO STEPS surveys on NCDs.

We believe that it is essential for the global community to work together to support national efforts. Not all countries possess the same capacity to tackle NCDs. There is a need for strengthened international cooperation. The support of relevant international organizations and partners to increase technical assistance, transfer of technology, capacity-building and access to high quality generic medicines would enhance national efforts in tackling NCDs.

Fiji trusts that the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting sets us, as a global community, on track to effectively address and curtail the peril of non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Hubert Alexander Ingraham, Prime Minister and Minister of Finance of the Commonwealth of the Bahamas.

Mr. Ingraham (Bahamas): My Government is pleased to participate in this historic High-level Meeting as the Assembly recognizes for the first time

the growing burden of non-communicable diseases (NCDs) and their socio-economic impact.

NCDs constitute an epidemic in my country, the Bahamas. The epidemic is putting increased strain on our health-care system. In the Bahamas, one-half of all public hospital beds are occupied by people suffering from NCDs, with an average length of stay of seven days. Eighty per cent of the drug costs for our national prescription drug plan are spent on treating hypertension and diabetes. Half of the deaths of individuals 45 years and older and 60 per cent of all deaths are caused by this epidemic of NCDs. The health and related socio-economic costs associated are enormous.

The dual burden of NCDs and communicable diseases has led my Government to strengthen primary health-care services by integrating family medicine specialists at the primary health-care clinics; increase access to medications to control NCDs with the implementation of a national prescription drug plan; promote healthy living and demonstrate that increased physical activity and a balanced diet can lead to reduced dependence on prescription medication; facilitate patient self-management programmes; partner with non-governmental and faith-based organizations to conduct worksite and community-based wellness programmes; develop a national food and nutrition policy and guidelines; and improve the coordination of services through the appointment of an NCD focal point and a stakeholder committee.

While we recognize the important leadership role of the United Nations and the World Health Organization in supporting efforts to decrease the prevalence of NCDs, we strongly recommend an increase in international and regional budgetary allocations; increased access to training in policy formulation, monitoring and evaluation, and coordination across health systems; policy changes for intersectoral involvement in the NCD prevention initiative; and the sharing of best practices in trade and industry.

To stem and redirect the course of the epidemic, we must promote and encourage changes to our lifestyles and make healthy behaviour and appropriate food choices for our children. My Government applauds initiatives undertaken to curb the increasing rate of childhood obesity. We must continue to fight the global health challenges facing us. We owe it to future generations.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Sibusiso Barnabas Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini (Swaziland): It is an honour for me, on behalf of His Majesty King Mswati III, Head of State of the Kingdom of Swaziland, to address this Assembly and share our views and experiences on the prevention and control of non-communicable diseases (NCDs).

In Swaziland, the situation of NCDs is quite alarming. According to the 2009 annual statistical report of the Ministry of Health, outpatient data from all health facilities indicate that hypertension and heart disease were responsible for more than 33,000 and 3,000 consultations, respectively. Forty-three per cent of hypertension cases were diagnosed in primary health-care facilities, whereas 39 per cent of heart disease was diagnosed in tertiary health-care facilities. Approximately 15 per cent of our population is living with diabetes.

The STEPS survey conducted in 2008, with the support of the World Health Organization (WHO), indicated that Swazi citizens in the 25-to-35 age group had a 32 per cent risk of NCDs, while the 45-to-55 age group had a 50 per cent risk. The survey also revealed that blood pressure levels are rising in the younger population, and obesity levels were found to be at 26 per cent. Indeed, this situation demands urgent attention.

Despite several challenges, the Kingdom of Swaziland is committed to achieving the six objectives of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. In this regard, we have established an NCD national programme, focusing on public awareness and the improvement of case management. Our national programme includes health promotion interventions focusing on the reduction of risk factors and encouraging healthy lifestyles through mass media, community activities and networking with relevant stakeholders. The Ministry of Health is also currently developing the NCD National Policy and the NCD Strategic Plan. The key pillars on which future interventions will be centred are surveillance, promoting public awareness, targeted interventions,

early detection, better case management, palliative care and research.

Partnership is an essential component of the successful implementation of our NCD Programme. All sectors will be encouraged to form a multisectoral approach, with the Ministry of Health assuming the role of coordinator. Development partners, including United Nations agencies, will be requested to give technical, financial and capacity-building support to this important Government initiative.

One of the most committed partners of the Kingdom of Swaziland is Taiwan, and we laud the positive step taken by WHO to invite Taiwan to participate in the World Health Assembly (WHA) as an Observer since 2009. Taiwan's professional participation in the WHA over the past three years has helped to strengthen the international health and medical network.

I would like to conclude with a quote, which I believe in and fully support, from the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs:

> "We know what works, we know what it costs and we know that all countries are at risk. We have an Action Plan to avert millions of premature deaths and help promote a better quality of life for millions more."

The Acting President: The Assembly will now hear an address by His Excellency Lord Tu'ivakano of Nukunuku, Prime Minister and Minister for Foreign Affairs of the Kingdom of Tonga.

Lord Tu'ivakano (Tonga): Sadly, for many Pacific island countries and territories, including Tonga, 75 per cent of deaths attributable to non-communicable diseases (NCDs) is a reality today. In *The World Health Report 2002*, the World Health Organization (WHO) estimated that 60 per cent of all deaths in 2005 would be from NCDs. That figure was projected to increase to 75 per cent by 2020.

The Pacific countries are among the top 10 nations on a number of indicators that no nation should be proud of or aspire to. These indicators include the most obese nations and those with the highest prevalence of diabetes. Changes to the environment in which we live have led to changes in lifestyles and given rise to a crisis of NCDs.

At the recent meeting of leaders of the Pacific Islands Forum in Auckland, New Zealand, the statement on NCDs expressed the latest deep concern that NCDs have reached epidemic proportions and become a human, social and economic crisis requiring an urgent and comprehensive response. This echoes the Honiara Communiqué on the Pacific NCD crisis, in which Pacific Ministers of Health expressed their grave concern over the rapid increase of NCDs in the Pacific countries and stated the need for urgent attention.

In Tonga, NCDs are very much our main public health problem. Ninety per cent of adult Tongans are overweight or obese, and 40 per cent have either diabetes or pre-diabetes. Four of the top five causes of death are due to NCDs. Recent evidence also indicates that NCDs have caused a significant reduction in life expectancy in recent years.

The Government of Tonga has recognized the burden of NCDs and the implications of not doing anything, and has responded with the following.

First, it has given NCDs due prioritization at the national level. NCDs have been included in the Government's nine priority objectives of Tonga's strategic development framework, which is part of our efforts to achieve the relevant Millennium Development Goals.

Secondly, strategies and policies to address the NCDs assist with the establishment of a framework aimed at system-strengthening policy initiatives, research and evidence-based practices, and infrastructure and human resource development. Many of these areas cannot be effectively and efficiently implemented without external assistance.

Thirdly, sustainable funding mechanisms are an issue for most if not all developing countries, such as Tonga. We have been successful in establishing the Tonga Health Promotion Foundation. At the global level, a fund for NCDs, similar to the Global Fund to fight AIDS, Tuberculosis and Malaria, would certainly be helpful.

The fourth concern relates to the development and strengthening of partnerships, as trying to address NCDs in developing nations without partnerships will be impossible. To date, we have developed good working partnerships both locally and with development partners, including regional organizations.

Tonga, at this important meeting, is willing to work with all Member States in support of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). This High-level Meeting is a significant step in the right direction, and it is imperative that it not be limited to an exchange of ideas and experiences. Encouraging a whole-of-Government and a whole-of-society approach is crucial.

Strengthening international cooperation and better coordination among partners will improve our chances of success, especially when the issues that are significantly related to NCDs — including the world economic downturn, trade and cross-border issues and climate change — are beyond the control of small nations such as Tonga.

A more global approach is needed to supplement the groundwork already started in our struggling island nations, such as advocating the accelerated implementation of good policies. The WHO Framework Convention on Tobacco Control is an important example, as its accelerated implementation would enhance previous commitments to the Convention by many Member States. We must also go further and link our declarations to set targets in our concerted efforts to combat NCDs. Developing nations must be helped further in building system capacities and strengthening infrastructure and human resource development with measures that ensure sustainable funding, targeted research and evidence-based practices.

In conclusion, doing nothing is not an option — not for today's generation and certainly not for tomorrow's generation.

The Acting President: I now give the floor to His Excellency Mr. Mohammed Waheed, Vice-President of the Republic of Maldives.

Mr. Waheed (Maldives): Worldwide, substantial gains have been achieved in economic growth, health and living standards in the past century. That progress is now threatened by crises of our own making, namely, climate change, the international financial crisis, food insecurity and the crisis in non-communicable diseases (NCDs) — principally heart disease, stroke, diabetes, cancers and chronic respiratory diseases.

The increase in non-communicable diseases represents a global crisis. In almost all countries, and particularly in developing nations, in all income groups, men, women and children are all at risk of these diseases. That creates a major barrier to development and to the achievement of the Millennium Development Goals. We are appalled by the statistics revealed here by Dr. Margaret Chan, the Director-General of the World Health Organization (WHO). We applaud the work of WHO and other United Nations agencies and non-governmental organizations for their tireless efforts to mobilize the international community.

The main risk factors for NCDs are well known and are similar across all countries. The high-risk factors for NCDs, such as the consumption of tobacco and foods high in saturated and trans-fats, salt and sugar, are all within our control. The first key action for success is therefore strong and sustained political leadership at the highest level. The top priority of this high-level summit on non-communicable diseases should be to strengthen political resolve for accelerating the implementation of all aspects of the Framework Convention on Tobacco Control and other measures needed to achieve a world essentially free of tobacco. We should direct greater effort to strengthening health systems, with a focus on primary health care and access to cost-effective preventive measures.

The prevention of NCDs is also inextricably linked to climate change and the need for low-carbon policies, which Maldives continue to emphasize on international platforms. Healthy living conditions and lifestyles are part of a sustainable approach to development linked to preventing and adapting to the adverse effects of climate change. At the national level, we are committed to strengthening our health systems, generating resources and earmarking funds for universal access to the prevention and control of NCDs through multisectoral collaboration. At the national, regional and global levels we must take responsibility and be accountable for monitoring progress at regular intervals, based on targets for preventing and controlling NCDs.

The geographic dispersion of our small population, in 200 islands scattered over 1,000 kilometres of the Indian Ocean, poses particularly difficult challenges. However, we have successfully eradicated polio, malaria and many other childhood diseases. We are confident that we will be able to substantially reduce

the burden of NCDs on our health system in the years to come. We recently introduced tele-medicine in about 40 islands in order to promote early detection and treatment. We have introduced new legislation to control the sale and use of tobacco. We are redesigning our urban zones to create recreational areas, and we are working with civil society to raise awareness and promote healthy lifestyles. The support we have received from the United Nations and the international community has contributed immensely to the success in the area of public health in the Maldives. Such support will be important to our continuing efforts to prevent and control NCDs.

The global community should not lose this opportunity, but should sustain momentum towards achieving the goal of reducing premature death and disability from NCDs, thus improving global health in the years to come. This is an obligation we have to our future generations. I thank the Assembly for its unanimous support for the Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Cissé Mariam Kaïdama Sidibé, Prime Minister of the Republic of Mali.

Ms. Sidibé (Mali) (*spoke in French*): I would like to begin by expressing the Mali delegation's warm congratulations to the President of the sixty-sixth session of the General Assembly. I also wish to thank the Secretary-General for having organized this High-level Meeting dedicated to the fight against non-communicable diseases. Allow me also, on behalf of the President of the Republic of Mali, His Excellency Mr. Amadou Toumani Touré, to express my country's deep appreciation for the organization by the United Nations of this High-level Meeting on an issue as important as non-communicable diseases.

As we know, enormous progress has been made in combating the AIDS pandemic and emerging diseases such as malaria and tuberculosis under the leadership of the United Nations and its specialized agencies, with the cooperation of the donor community and the sincere commitment of every country in the world. The results achieved have thus been thanks to the vision of a strategy on a global scale for the battle waged by the United Nations, which for years has laboured tirelessly side by side with our Governments to lift the fight against the AIDS pandemic to the level of a global priority, recognized and implemented by all.

Non-communicable diseases are increasing rapidly worldwide, and particularly in underdeveloped countries. We note with deep concern the emergence of cancers, cardiovascular disease, chronic kidney diseases, those linked to the toxicity and of pesticides in the food chain, and new allergic illnesses in some regions related to air quality, to mention only a few. For a long time we have understood the epidemiology of such chronic non-communicable diseases and the seriousness of the global trends in their human, economic, health and environmental impact in countries with poor and deprived populations who adopt lifestyles and diets that were once the preserve of prosperous societies — societies that possessed the means of diagnosis and treatment as well as the capacity to monitor public health. Such factors thus also demonstrate increasingly that these chronic non-communicable diseases are not merely medical problems for the victims but, far more, a development issue confronting the entire international community.

We are bearing the burden of these diseases. We in developing countries do not have the means adequate to controlling them, hence the dire necessity for more active international solidarity. If strong measures are not taken to deal with current indicators, at present experts estimate that in the medium term it will be impossible to erect efficient barriers against these diseases. We know that smoking, alcohol abuse, sedentary lifestyles, lack of physical exercise and many others figure among the risk factors.

Today, we know that the pressures are enormous, quality control is difficult and political pressure to open markets is massive. Media marketing of low-cost consumption are beginning to take hold in our country.

Mali welcomes the adoption of resolution 66/2 on non-communicable diseases; it is a major step towards halting the advance of chronic disease here and now. We are convinced that fighting these serious diseases affecting our societies is of the highest priority. That is why we have decided to provide diagnosis and treatment of female cancers, including screening and anti-cancer medications, free of charge, as well as access to surgery and radiotherapy for cancer patients in Mali.

Furthermore, by the end of the year the Government will adopt a national prevention policy for fighting non-communicable diseases. I am happy to announce before this Assembly the involvement of civil society in the fight against these non-communicable diseases. That is why we make a solemn appeal for a worldwide multisectoral programme to prevent and fight non-communicable diseases, based on a sense of urgency and under the banner of the grand vision of the United Nations. We need greater solidarity and synergy of action to overcome this epidemic of non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Salomón Nguema Owono, Deputy Prime Minister and Minister for Health and Social Welfare of Equatorial Guinea.

Mr. Nguema Owono (Equatorial Guinea) (*spoke in Spanish*): We should first and foremost rejoice in the interest shown in a major public health issue, chronic diseases, and in the international cooperation to coordinate our efforts and harmonize our actions. Chronic non-communicable diseases are a health-care issue that slows development all over the world, particularly in our countries of the World Health Organization (WHO) African Region, where the situation is worsening with the challenges presented by infectious diseases, for which we continue to pay a heavy price despite the considerable efforts we deploy.

Indeed, our countries are faced with a growing epidemic of cardiovascular disease, heart attacks, cancers, diabetes and other chronic diseases. Currently, it is recognized that 80 per cent of deaths caused by chronic diseases occur in low- and middle-income countries and affect men and women in similar proportions. It is also recognized that the threat of non-communicable diseases is one of the greatest challenges to development in our times.

In other words, this meeting is taking place at a timely moment as the Governments and the agencies of the United Nations and their development partners seek appropriate solutions to address these challenges. The fight against disease and disabilities fits perfectly within the work of achieving the Millennium Development Goals (MDGs).

Today, we are at a crossroads in the prevention of and fight against non-communicable diseases. The resolutions that emerge from our work will be the fruit of the lessons learned and decisions taken at the international and region levels. That is particularly true for countries involved in consultations organized at various levels in the course of 2011. Indeed, the Global Strategy for the Prevention and Control of Non-communicable Diseases was approved by the World Health Assembly in May 2000. It was followed up by other resolutions, such as the Framework Convention on Tobacco Control, approved by the World Health Assembly in 2003 and the Global Strategy on Diet, Physical Activity and Health in 2004.

In 2008, the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases was adopted by the World Health Assembly. In the WHO African Region, we commend the Brazzaville meetings on non-communicable diseases that were held in April 2011 and defined our needs in those areas and reflected in the Brazzaville Declaration on Non-communicable Diseases. These consultations came about after a number of different initiatives were taken at the regional level, such as the Conference on Health and Environment in Africa, which culminated in the adoption of the Libreville Declaration in 2008.

In Equatorial Guinea, health-care problems such as diabetes and cardiovascular diseases remain inadequately documented but have an enormous impact on health care in the country due to the rapid changes in lifestyle and the rapid increase in life expectancy.

Our strategic plan for fighting non-communicable diseases focuses on objectives designed to reduce the morbidity and mortality rates of non-communicable diseases in Equatorial Guinea and is in keeping with our goal of health for all under our Horizon 2020 programme. With regard to this commitment to health for all, we strongly welcome the health and development survey currently taking place in our country, from which we hope to obtain reliable results that will point us to act objectively and consistently in meeting the health-care goals set forth in the MDGs.

We are also proud in that regard of the efforts undertaken by the Government in the framework of poverty reduction and the mitigation of inequality in public housing investment in order to meet the basic needs of the people. One of the determining factors the good health of the people is the provision of potable water in large urban population centres.

We must take action now. The Governments of countries in the WHO African Region followed up on their commitment with the adoption of the Brazzaville

Declaration in April during the regional meetings set up by our WHO Regional Office. We are aware that, in the light of the epidemic of non-communicable diseases, our health-care systems and medical and technical equipment must necessarily be adapted and strengthened in order to fight these conditions. We must also finalize our reflections on the financing of health-care policies, on the one hand, and strive to ensure the mobilization of the additional resources necessary to implement our policies and actions, on the other. That will ensure the broadest participation possible, including all public sectors in partnership with civil society, the private sector and local communities.

We are aware that we are participating in an historic moment. We must indeed decide to work towards the prevention and control of non-communicable diseases for which our peoples continue to pay a very high price. In other words, we must not simply decide to adopt good resolutions that will allow us to start to save the lives of millions of suffering people; we must also make a commit to working towards the effective implementation of these resolutions to achieve our goals, and include the fight against non-communicable diseases in global development agenda. We must formulate a strategy for collective efforts to effectively counter the consequences of chronic disease.

The Acting President: I now give the floor to Her Royal Highness Princess Ghida Talal, Special Envoy of His Majesty King Abdullah II and Chairperson of the King Hussein Cancer Foundation of Jordan.

Princess Ghida Talal (Jordan): Cancer, heart disease, diabetes, respiratory illnesses — individually, each one of those words is enough to send instant shivers down our spine and wreak havoc in our lives. Together, they claim the lives of 36 million people annually all over the world.

Why is the world community allowing these culprits to hold our lives hostage? We do not have a minute to waste. Too much time has already been wasted. Too many people have died, too many families have been destroyed and too many communities have been decimated.

Hiding under the seemingly innocuous name of non-communicable diseases (NCDs), these four plagues, formerly close companions of the developed world, have migrated in full force to a highly vulnerable developing world. By doing so, they have invaded a world already crippled by the most rudimentary medical landscape, with no adequate resources and no proper infrastructure to deal with such a disastrous crisis.

With infectious diseases rampant, developing countries struggle with all kinds of shortages and a total lack of insurance schemes. In my own country, Jordan, we have had reason to hope that change can be effected and lives can be saved. I would like to share with the General Assembly a success story right from the heart of the developing world.

Ten years ago, when I was first asked by His Majesty King Abdullah II to chair the King Hussein Cancer Foundation and Centre, the landscape for cancer care in Jordan was extremely bleak, at best. Quality cancer treatment was almost non-existent. Only the privileged few could afford to seek life-saving treatment abroad. I myself was one of those privileged few, able to seek treatment for my husband at a cancer centre of excellence in the United States. He had just been diagnosed with non-Hodgkins lymphoma at the young age of 26. Had I been less fortunate, a probable death sentence would have awaited us.

The questions haunted me. Did other wives not share my anxieties and my fears about their own husbands and children? Did they not shed the same tears and endure the same sleepless nights? Of course they did. With the blessing and constant support of His Majesty King Abdullah, I was determined to give them the same chance that was given to me and to my family.

Ten years on, I stand before the Assembly today and can proudly proclaim that the centre that bears the name of our late King Hussein is the only comprehensive cancer centre in the entire Middle East region, and is the only cancer centre in the developing world to earn accreditation by the Joint Commission on Accreditation of Healthcare Organizations as a cancer-specific disease centre.

What were the key reasons for our success? We understood the need to prioritize. We could not take on the whole spectrum of cancer control, from prevention and treatment to research and palliative care. We poured all our efforts and resources into our number one priority, namely, providing life-saving treatment to our patients. In order to achieve that goal, we partnered

with the very best institutions worldwide in cancer care.

Once we had achieved this immediate goal, we were ready to tackle the important issues of early detection and prevention. Only then would people be willing to listen to our messages of prevention. Why would anyone be interested in learning about the disease or trying to prevent it, if there was no access to treatment in the first place?

I urge everyone present here today to take action now, before we have a catastrophe of epic proportions on our hands. It is not a choice or an option. It is not a whim or a luxury.

For our part, we in Jordan are committed to this meeting's Political Declaration (resolution 66/2, annex) and to implementing one national framework for NCD risk factors control. But we cannot succeed if the world community does not dedicate a global fund to assist developing countries in implementing their NCD plans. Failing that, our ambitious plans to conquer NCDs will remain but a footnote.

Is not the figure of 350 million people dying in the next decade terrifying enough? Do we not have a moral responsibility to give a voice to those who do not have one? If anyone can do it, all of us sitting here in the Hall can. We are under obligation to it, in the name of equality, in the name of justice and in the name of humanity.

The Acting President: I now give the floor to Ms. Cecilia Morel de Piñera, Special Envoy of the President of Chile and First Lady.

Ms. Morel de Piñera (Chile) (*spoke in Spanish*): I would like to thank the President for having convened this High-level Meeting to discuss one of this century's major health scourges, the so-called non-communicable diseases, whose impact is felt in global, cross-cutting and interregional terms.

I am grateful for this opportunity to represent my country, Chile, and to all those who have been working for years to improve health throughout the world, especially those working to that end in my country. It is a great honour to be able to speak to the General Assembly about one of our major concerns and a priority for the Government of President Sebastian Piñera Echeñique.

The twenty-first century has brought unprecedented challenges in the area of health. The epidemic of chronic non-communicable diseases is undermining the advances in overall well-being and reducing inequalities that we have spent so much effort to achieve in our countries. It may also cause spending on health to rise to unexpected levels. This is more than enough reason for convening this meeting. I congratulate the Secretary-General most sincerely on this initiative.

Chile, a country of 17 million people, is experiencing a sharp increase in chronic diseases and their risk factors. The latest surveys confirm this. What worries us most is that these figures are increasing year after year, with the greatest impact on women and those already vulnerable.

For this reason, our health goals for the decade 2011-2020 focus on improving lifestyles, controlling risk factors and stressing prevention, so as to concentrate not only on properly treating those who are already sick but also on ensuring that those who are still healthy remain so.

This is an ambitious goal. Whereas in previous decades medical matters were the exclusive purview of the health sector, achieving these new goals today will require intense intersectoral work in such distinct areas as health, education, housing and agriculture, to mention but a few. Therefore, it is essential for public and private agencies alike to be involved in this effort to build a new culture.

The President of the Republic of Chile, Mr. Sebastian Piñera Echeñique, has the clear political resolve to tackle this new scenario by personally leading this crusade and establishing a mandate involving specific tasks, financing and coordination. The Government of Chile considers the rising incidence of these diseases and their risk factors to be a social problem and a major priority for the country.

We have called this initiative "Choose to live healthy". Its goal is to implement a cross-cutting and intersectoral public policy that involves all private and public stakeholders and promotes civic participation. Using social, educational and health strategies, we want to promote healthy lifestyles and effectively manage risk factors. The campaign was launched this year and, in this first phase, is being managed by the office of which I am the head.

We are engaged in a proactive programme to motivate citizens to make four commitments so as to improve their quality of life: a healthy diet, physical exercise, enjoyment of family and outdoor activity. We have set important and specific targets to reduce smoking, obesity, sedentary lifestyles and excessive alcohol consumption, as well as to control diabetes and high blood pressure.

Like President Al-Nasser, we firmly believe that the challenge raised at this meeting is of vital importance for our countries. In the belief that each and every citizen deserves a better, more prosperous and healthier life, we have embarked on the path of choosing to live healthy and improving health through prevention. In so doing, we hope to overcome a scourge that is hindering equal opportunity and human development. We are totally committed and the chances of success are good. Let us work together.

The Acting President: I now give the floor to Mr. John Dalli, European Commissioner for Health and Consumer Policy.

Mr. Dalli (European Union): I have the honour of speaking on behalf of the European Union (EU) and its member States.

I would like to convey the appreciation of the EU and its member States to the Secretary-General, the President of the General Assembly, the World Health Organization (WHO) secretariat and the co-facilitators from Luxembourg and Jamaica for all their hard work in preparing this High-level Meeting on the prevention and control of non-communicable diseases (NCDs).

The High-level Meeting is a very important step forward for everyone concerned about health at the local, national and international levels. By highlighting the growing burden of non-communicable diseases and stimulating the action needed to prevent and control them, it has the potential to lead to enormous gains in health for the peoples of the world in the years to come, and to help to accelerate the process of social and economic development everywhere. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

The burden of preventable non-communicable diseases, preventable deaths and disability, and the loss of human potential has a very negative impact on development in all countries. Much of that burden can be prevented by taking action on common risk factors and determinants, such as tobacco use, unhealthy diet, lack of physical activity and harmful alcohol consumption, as well as by addressing underlying social, economic and environmental determinants, including mental disorders.

The EU and its member States recognize that the international community and especially many low-income countries face extraordinary challenges from the double burden of communicable and non-communicable diseases. The EU will support those countries in addressing NCDs and their risk factors in accordance with their national priorities and national and international commitments, including the strengthening of health and regulatory systems and the involvement of health-related non-governmental organizations and other civil society organizations. However, in order to achieve results, we cannot emphasize enough the importance of national commitment to integrating the prevention and control of NCDs into efforts to strengthen health systems.

The EU and its member States welcome the Political Declaration (resolution 66/2, annex). We welcome the emphasis on WHO leadership, with the full participation of member States in the follow-up and monitoring of progress made, strengthening international cooperation and working with stakeholders, together with a focus on an integrated approach avoiding numerous and separate vertical disease-specific activities. Moreover, we welcome the focus on health promotion and prevention and on strengthening our awareness of and commitment to dealing with health determinants, in particular with the aim of reducing health inequities. Both population-based and individual targeted interventions are needed, using a collaborative health-in-all-policies approach involving all levels of Government and relevant stakeholders.

The Treaty on European Union requires that we provide a high level of health protection across all EU policies and activities. The EU has had successes in its work on the risk factors related to chronic diseases. We are taking forward strategies on tobacco use, unhealthy diet, lack of physical activity and the harmful use of alcohol, both nationally and at the European level.

The European Union has ratified the Framework Convention on Tobacco Control and is committed to its implementation in the EU and globally. Many EU member States are taking steps towards enacting

comprehensive smoke-free legislation. Food reformulation is high on our agenda, notably through strategies to reduce salt, caloric intake, saturated and trans-fats and added sugars. Alcohol-related harm is a major concern, particularly among young people. Poland, which currently holds the presidency of the Council of the European Union, has initiated a new, broad-based process to reflect on innovative approaches to chronic non-communicable diseases in public health and health-care systems.

The Political Declaration will give support and impetus to our actions in these and other areas. We need stronger health systems that can implement appropriate public health policies, provide interventions to prevent NCDs and deliver effective disease management. The prevention and control of NCDs must be appropriately integrated into the structures and functions of health systems, especially primary health-care services, and include, above all, health promotion. In addition, health systems should monitor NCDs and their underlying risk factors for informed decision-making.

Let me conclude by saying that the EU and its member States look forward to working closely with WHO, other relevant United Nations agencies and Member States to implement the actions defined in the Declaration, and to considering what further activities should be carried out in the light of the reports and associated work that will be undertaken over the next three years, as described in the Declaration.

The Acting President: I now give the floor to His Excellency Mr. Xavier Bertrand, Minister for Labour, Employment and Health of France.

Mr. Bertrand (France) (*spoke in French*): Non-communicable diseases (NCDs) constitute one of the leading challenges facing our health-care systems today. We know the number of victims — 36 million. We know the ambitious goals — a 25 per cent reduction. Let me say, however, that this will be impossible to achieve unless we wake up, change our behaviour, take more binding measures and seek innovative financing.

NCDs are a challenge because, unlike communicable diseases, they have multiple causes that are not only health-related but also cultural and social. Certain lifestyles and behaviours — such as tobacco use, a sedentary lifestyle, alcohol abuse and an unbalanced diet — are to blame. A health-care response alone is therefore not adequate. Curing is not enough; we must also prevent.

The fight against obesity, for example, is a scourge with various causes and we must fight it on several fronts. Before treating obese people medically, we should educate to change behaviours, encourage healthy eating habits and promote physical activity at all ages. Fighting social inequality also plays a crucial role in relation to the problem of obesity. Efforts should also encompass action on the food supply to ensure access to a balanced diet. This is the approach of the obesity plan being carried out in France, alongside the national health nutrition programme.

It must be said that, while advocacy is good, we must also work on more binding measures if we want to see a change in behaviour, including that of manufacturers. In this regard, the World Health Organization (WHO) recommendations regarding the taxation of sugar-rich drinks and products to change behaviour is another avenue that we must explore. Similarly, the French cancer plan seeks to address all aspects of the issue: fighting the multiple causes, screening, care, support, health providers and, of course, research. I commend the role of the WHO in coordinating this action with all the international organizations — be they in the areas of work, environment, development and education — that play a key role in prevention.

I had the opportunity to say this in Geneva at the WHO last May, and I will say it again today: We must act to ensure that all countries wake up to the scope of NCDs and include this problem on the global development agenda. Let us be clear. Everything matters when it comes to health — not only health security and infectious diseases, but non-communicable diseases too must be included at the heart of our agenda by providing access to prevention and basic health services. I believe that the WHO Framework Convention on Tobacco Control is exemplary in that regard, but while signing a convention may be a positive step, implementing a strong convention is even better.

We know what has to be done. In 2006 in France, I sought to ban smoking in public places in order to fight against passive smoking. But to change behaviour, we must go even further. Moreover, the fight against non-communicable diseases is also integral to one of the priorities of the Group of 20, and, under the auspices of the French presidency, we want

to strengthen social protection by developing social protection ceilings adapted to the conditions of each country.

It is quite clear that we have sizeable needs and that we need more sizeable means to address them. We must work on innovative funding. I said that everything is important when it comes to health, but given the constraints countries face in increasing public assistance, we all know that innovative financing will be a necessity tomorrow and in the future. For example, the WHO concept of a contribution payable by tobacco manufacturers is not, in my view, a taboo question. If we do not also move ahead along these lines, the means committed so far will not be adequate to meet these challenges.

The role of the international community is to provide access to basic services and essential treatments to all and to seek the best responses to prevent and combat non-communicable diseases. Together with the WHO, the responsibility falls to us as ministers to act to that end.

The meeting rose at 1.15 p.m.